

(1) PLACE OF BIRTH

County of BearringtonTownship of St. Louisor Inc. Town of Bearringtonor City of St. Louis

(No. St. Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

12965

Registration District No. 600 Registered No. 206

(For use of Local Registrar)

(2) Full Name of Child Stella Virginia

If child is not yet named, make supplemental report as directed

(3) SEX—
MALE(4) Twin
or Triplet(5) Number in
order of birth 16th(6) Are
Parents
Married?

(7) DATE OF

BIRTH March 17th, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to
mother, including present birth

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was at P. M.,
on the date above stated. (Born alive ~~unborn~~ Hour A. M. or P. M.)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplement-
tal report

(25) Witness

(Signature of Witness necessary only
when question 25 is signed by mark)(26) Filed April 4, 1923

(27)

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.
If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths
before the fifth month of pregnancy.