

## (1) PLACE OF BIRTH

County of CharlestonTownship of Wright

or

Inc. Town of

or

(City of

(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

43743

Registration District No. 4408 Registered No. 653

(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL? Girl (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 10 2 23  
(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME Henry E. Skates(14) NAME BEFORE MARRIAGE Julia P. Skates(9) PRESENT POSTOFFICE OF FATHER Myrtle St.(15) PRESENT POSTOFFICE OF MOTHER Myrtle St.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE S.C.(18) BIRTHPLACE S.C.(13) OCCUPATION Farmer(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 9(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) William H. P.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Jan 25 1924 (28) Mrs. C. F. Parker 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.

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