

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Brinswick  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

29597

Registration District No. 360Registered No. 57  
(For use of Local Registrar)

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

## (2) Full Name of Child

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

(1) Sex or Child <u>Male</u>	(4) Twin or Triplet <u>Twin</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>9</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 24, 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Thos. J. J. J.</u>	(14) NAME BEFORE MARRIAGE <u>Romella L. L.</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Brinswick, SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Brinswick, SC</u>			
(10) COLOR OR RACE <u>C</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Year)	(16) COLOR OR RACE <u>C</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Year)	
(12) BIRTHPLACE <u>Orangeburg, SC</u>		(18) BIRTHPLACE <u>Orangeburg, SC</u>		
(13) OCCUPATION <u>Labourer</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>9</u>	(21) Number of children of this mother now living, including present birth <u>2</u>			

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:20 A.M., on the date above stated. (Hour, M. or P. M.)

(23) (Signature)

(24) State of South Carolina 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 22 is signed "males")

(27) Filed Oct 1, 1923(28) 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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