

(1) PLACE OF BIRTH

County of Marlboro
 Township of Rock Bluff
 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

18495

Registration District No. 3305Registered No. 83
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

John Henry Platt

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

(3) SEX OF CHILD Boy (4) Twin or Triplet (5) Number in order of birth (6) Age of Parent at Birth (7) DATE OF BIRTH June 15 23
 (Month) (Day) (Year)

FATHER.

(8) FULL NAME Shppard Platt
 (9) PRESENT POSTOFFICE OF FATHER Tatum SC
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 34
 (Year)
 (12) BIRTHPLACE Marlboro Co SC
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Lavin Pharam
 (15) PRESENT POSTOFFICE OF MOTHER Tatum SC
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 33
 (Year)
 (18) BIRTHPLACE Marlboro Co SC
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 16

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 P. M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hattie Thomas(24) State whether Physician or Midwife Mid wife(25) Address of Physician or Midwife Marlboro Co SC

Given name added from a supplemental report

(26) Witness

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

(27) Date June 20 23(28) Local Registrar J. H. Weachley

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.