

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Zibon
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18765

Registration District No. 36.19 Registered No. 29
 (For use of Local Registrar)

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

(2) Full Name of Child

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

(3) SEX OR SEXA. (4) Type of Twins X (5) Number in order of birth 8 (6) Age Parents Married 34 (7) DATE OF BIRTH June 17, 1923
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME James Tyler (14) NAME BEFORE MARRIAGE Lula Richardson
 (9) PRESENT POSTOFFICE OF FATHER R. F. 03 Orangeburg (15) PRESENT POSTOFFICE OF MOTHER Same as father
 (10) COLOR OR RACE Colored (16) AGE AT LAST BIRTHDAY 24 (17) AGE AT LAST BIRTHDAY 38
 (11) BIRTHPLACE Orangeburg County (18) BIRTHPLACE Orangeburg County
 (12) OCCUPATION Farming (19) OCCUPATION Farm hand
 (20) Number of children born to mother, including present birth 8 by former husband (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 alive at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour) (P. M.)

(23) (Signature) Geo. H. Walter M.D. (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Orangeburg

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. H. Weeks
 (27) Filed 7-19-23 (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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