

No. 1

PLACE OF BIRTH

County of Charleston  
 Township of .....  
 or  
 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

3390

Registration District No. 110

Registered No. 10  
 (For use of Local Registrar)

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

Full Name of Child

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

Is the child a  
 GIRL?

(4) Twin  
 or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in  
 order of birth

(6) Are  
 Parents  
 Married?

(7) DATE OF  
 BIRTH Feb. 10, 1923  
 (Name of Month) (Day) (Year)

FATHER

FULL  
 NAME

PRESENT  
 POSTOFFICE  
 OF FATHER

COLOR  
 OR  
 RACE  
 BIRTHPLACE

OCCUPATION

Number of children born to  
 mother, including present birth

(11) AGE AT LAST  
 BIRTHDAY 37  
 (Years)

MOTHER

(14) NAME BEFORE  
 MARRIAGE

(15) PRESENT  
 POSTOFFICE  
 OF MOTHER

(16) COLOR  
 OR  
 RACE  
 BIRTHPLACE

(16) OCCUPATION

(17) AGE AT LAST  
 BIRTHDAY 37  
 (Years)

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4 P.M.  
 on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Even name added from a supplement-  
 al report

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

(27) Filed 3/24/23 19 23 Local Registrar