

(1) PLACE OF BIRTH

County of

Township of

City of

City (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

No. 10.—For State Registrar Only
3970

Registration District No. 22A Registered No. 92
(For use of Local Registrar)

(2) Full Name of Child Marie Ormer

DATE OF BIRTH Feb 20 23
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME F. W. Ormer
(9) PRESENT POSTOFFICE OF FATHER Green S
(10) COLOR OR RACE W
(11) AGE AT LAST BIRTHDAY 32
(12) BIRTHPLACE Hampton S.C.
(13) OCCUPATION Manager of Express Co.
(14) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH Two

MOTHER.
(14) NAME BEFORE MARRIAGE Mable Cammett
(15) PRESENT POSTOFFICE OF MOTHER Green S.C.
(16) COLOR OR RACE W
(17) AGE AT LAST BIRTHDAY 33
(18) BIRTHPLACE Hampton S.C.
(19) OCCUPATION Housewife
(21) NUMBER OF CHILDREN OF THIS MOTHER AND FATHER, INCLUDING PRESENT BIRTH Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Chas. Bates
(24) State whether Physician or Midwife

Given notice added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Mar 8 1923
(26) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathing even once, it must be reported as stillborn. No report is desired of stillbirths before the birth month of pregnancy.