

PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No. - For this Registrar Only

14489

County of Wayne
Municipality of Waynesboro
or
Town of

Registration District No. 7509Registered No. 11
(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.)

(7) Full Name of Child Darvey Lee Hilburn If child is not yet named, make supplemental report as directed

(8) SEX OF CHILD Boy (9) Twin or Triplet No (10) Number in family of birth 1 (11) DATE OF BIRTH July 25, 1923
(Name of Month) (Day) (Year)

FATHER.
(12) FULL NAME Bruce Lee Hilburn
(13) PRESENT RESIDENCE OF FATHER Waynesboro, S.C.
(14) COLOR OR RACE W. (15) AGE AT LAST BIRTHDAY 22 (Years)
(16) BIRTHPLACE Waynesboro, S.C.
(17) OCCUPATION Farmer
(18) Number of children born to mother, including present birth 1

MOTHER.
(19) NAME BEFORE MARRIAGE Blanche May Fortson
(20) PRESENT RESIDENCE OF MOTHER Waynesboro, S.C.
(21) COLOR OR RACE W. (22) AGE AT LAST BIRTHDAY 31 (Years)
(23) BIRTHPLACE Waynesboro, S.C.
(24) OCCUPATION Farmer
(25) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(27) (Signature) W. H. Fortson(28) State whether Physician or Midwife Physician(29) Address of Physician or Midwife Waynesboro, S.C.

Give name added from a supplemental report

(30) Witness (Signature of Witness necessary only when question 28 is signed by mark)

(31) Filed July 24, 1923 (32) W. H. Fortson 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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