

No. 1.

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

City of

(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

File No. - For State Registrar Only

23987

Registration District No. 1306

Registered No. 89

(For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX OR

(4) Twin

To be answered only in event of Twins or Triplets

(5) Number in

order of birth

(6) Are

Parents

(7) DATE OF

BIRTH

Aug 13, 1923

FATHER.

(8) FULL

NAME

(9) PRESENT

POSTOFFICE

(10) COLOR

OR

(11) BIRTHPLACE

(12) OCCUPATION

(13) Number of children born to

mother, including present birth

1

2

MOTHER.

(14) NAME BEFORE

MARRIAGE

(15) PRESENT

POSTOFFICE

(16) COLOR

OR

(17) BIRTHPLACE

(18) OCCUPATION

(19) Number of children of this mother

now living, including present birth

1

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature)

(22) State whether

Physician or Midwife

(23) Signature of Physician or Midwife

Given name added from a supplement

tal report

(24) Witness

(Signature of Witness necessary only

when question 23 is signed by Mark)

(25) Filed

9/10

1923

(26)

(27)

(28)

(29)

(30)

(31)

(32)

(33)

(34)

(35)

(36)

(37)

(38)

(39)

(40)

(41)

*When there was no attending physician or midwife, then the father, householder, etc., must sign this certificate. If a child breathes even once, it must not be reported as stillborn. No report is necessary if the child is born before the fifth month of pregnancy.