

(1) PLACE OF BIRTH

County of Clarendon
 Township of St. James
 or
 Inc. 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

6581

Registration District No. 1309 Registered No. 10
 (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 Dave Mack If child is not yet named, make supplemental report as directed

3 SEX OR Boy 4 Twin or Triplet To be answered only in event of Twin or Triplet 5 Number in order of birth 6 Are Parents Married Yes 7 DATE OF BIRTH Feb 3 1923
 (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Willie Mack
 9 PRESENT POSTOFFICE OF FATHER Davis the sc
 10 COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 30
 (Year)
 12 BIRTHPLACE Clarendon Co
 13 OCCUPATION Farmer

MOTHER.

14 NAME BEFORE MARRIAGE Lucile Mack
 15 PRESENT POSTOFFICE OF MOTHER Davis the sc
 16 COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 27
 (Year)
 18 BIRTHPLACE Clarendon Co
 19 OCCUPATION Home & field
 20 Number of children born to mother, including present birth 6
 21 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Liddy Lawrence (24) State where Physician or Midwife (25) Address of Physn. or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother) Mar 6 23
 (27) Local Registrar.

When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it shall not be recorded as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.