

## (1) PLACE OF BIRTH

County of

Township of

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

6986

Registration District No. 102

Registered No. 18

(For use of Local Registrar)

City of

or

City of

(No. ... St.; ... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number)  
(If child is not yet named, make supplemental report as directed)

## (2) Full Name of Child

BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

Yes

DATE

BIRTH

Jan 24, 23

(Name of Month) (Day) (Year)

MOTHER.

FATHER.

FULL NAME

Lillie Bradshaw

PRESENT POSTOFFICE OF FATHER

Georgetown S.C.

COLOR OR RACE

White

BIRTHPLACE

S.C.

OCCUPATION

Laborer

Number of children born to mother, including present birth

Three

NAME BEFORE MARRIAGE

Mary Lambert

PRESENT POSTOFFICE OF MOTHER

Georgetown

COLOR OR RACE

White

BIRTHPLACE

Georgetown S.C.

OCCUPATION

Housewife

Number of children of this mother now living, including present birth

Three

AGE AT LAST BIRTHDAY

34

AGE AT LAST BIRTHDAY

32

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

alive

at

10

M.,

on the date above stated.

(23) Address of Physician or Midwife

Georgetown

(24) State whether

Physician or Midwife

(25) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed

March 1923

(27) Registrar

(28) Local Registrar

(29) 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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