

(1) PLACE OF BIRTH

County of Spokane
 Township of Franklin
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
15850

Registration District No. 4001-A Registered No. 18
 (For use of Local Registrar)

City of St. Ward)
 (No.
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child If child is not yet named, make supplemental report as directed

3. BOY OR GIRL 4. Twin or Triplet? 5. Number in order of birth 6. Are Parents Married? 7. DATE OF BIRTH May 18 1923
 (Name of Month) (Day) (Year)
 To be answered only in event of Twin or Triplet

FATHER.		MOTHER.	
8. FULL NAME	.....	14. NAME BEFORE MARRIAGE	.....
9. PRESENT POSTOFFICE OF FATHER	.....	15. PRESENT POSTOFFICE OF MOTHER	.....
10. COLOR OR RACE	.....	16. COLOR OR RACE	.....
11. AGE AT LAST BIRTHDAY	.....	17. AGE AT LAST BIRTHDAY	.....
12. BIRTHPLACE	.....	18. BIRTHPLACE	.....
13. OCCUPATION	.....	19. OCCUPATION	.....
20. Number of children born to mother, including present birth	.....	21. Number of children of this mother now living, including present birth	.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at M.,
 on the date above stated. (Hour A. M. or P. M.)
 (Signature) T. E. Morrow

(23) Address of Physician or Midwife
 (24) State where Physician or Midwife Physician Campbell

Given name added from a supplement-
 tal report

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

(26) Filed May 23 1923 (27) Local Registrar L. D. Mayberry

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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