

(1) PLACE OF BIRTH

County of Cottleton
Township of Brookton
or
Inc. Town of
or
City of Salisbury

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

No. 14-For this Register Only
787

Registration District No. 1403

Registered No. 9
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Nathan Buckner

(a) SEX OR
ONLY Boy (b) Type
or Name (c) Number in
order of birth 5 (d) Is
child not yet named, make
supplemental report as directed
by State Board of Health (e) DATE OF
BIRTH Aug. 15, 1923

(f) FATHER'S
NAME Bowie Buckner
(g) PRESENT
RESIDENCE
OF FATHER Salisbury
(h) COLOR
OF FATHER colored (i) AGE AT LAST
BIRTHDAY 22
(j) BIRTHPLACE Hampton
(k) OCCUPATION farming
(l) Number of children born to
father, including present one 31

(m) MOTHER'S
NAME Arrie Rice
(n) PRESENT
RESIDENCE
OF MOTHER Salisbury
(o) COLOR
OF MOTHER colored (p) AGE AT LAST
BIRTHDAY 24
(q) BIRTHPLACE Brookton
(r) OCCUPATION farmer
(s) Number of children of this mother
now living, including present one 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(29) (Signature) Midwife
(30) Place whether Physician or Midwife Salisbury
(31) Address of Physician or Midwife Salisbury

Given name added from a supplemental report

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

(33) Aug. 30, 1923 (34) John S. Gentry

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.