

PAGE OF BIRTH

## CERTIFICATE OF BIRTH

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

28265

Name of Child .....

Town of .....

County of .....

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

Registration District No. 20.0 Registered No. 308...  
(For use of Local Registrar)

(No. ... 11.1 ... Chase, Log. St. ... Ward)

Full Name of Child

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

SEX ON BIRTH girl (1) Sex or Name of Child To be reported only in case of Twins or Triplets (2) Number in order of birth (3) Age of Child at Birth (4) Date of Birth (5) Name of Month (6) Name of Day

## FATHER.

FULL NAME David L Stokes

PRESENT POSTOFFICE OF FATHER Florence S.C.

COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (12) Year

BIRTHPLACE Florence Co.

OCCUPATION R.R. Employee

Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Sallie B. Wade

(15) PRESENT POSTOFFICE OF MOTHER Florence S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18 (18) Year

(19) BIRTHPLACE Birmingham, Ala.

(20) OCCUPATION O H W

(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... alive ... at 7 A.M. ... on the date above stated. (Born alive or stillborn) (How M. or P. M.)

(23) (Signature) E. M. Hicks M. D. Florence S.C.  
(24) State whether Physician or Midwife (25) Address of Phys. or Midwife

Given name added from a supplemental report

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

(27) Filed 9.29.1923 (28) P. H. Bingham, M.D. Local Registrar

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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