

[illegible]

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

File No.—For State Registrar Only
3098

Registration District No. FOX Registered No. 4
(For use of Local Registrar)

(2) Full Name of Child _____ (If child is in a hospital or other institution, give name of same instead of street and number.) _____

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

3. BOY OR GIRL?	(1) Twin or Triplet?	(2) Number in order of birth	(3) Are Parents Married?	(4) DATE OF BIRTH
	To be answered only in event of Twin or Triplet		No	Feb 10 1923 (Name of Month) (Day) (Year)

FATHER. (Name of Month) (Day) (Year)
MOTHER. (Name of Month) (Day) (Year)

(18) PRESENT POSTOFFICE OF FATHER Rachel Richerson

(9) COLOR OR RACE Neuro (11) AGE AT LAST ENTRY 20
 (10) COLOR Asian (12) AGE AT LAST ENTRY 20

ON RACE Negro (117) AGE AT LAST BIRTHDAY 15
(16) BIRTHPLACE _____ (Year) _____

10 OCCUPATION Resington

Harmelb Farmbll

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(28) I hereby certify that I attended the birth of this child, who was Samuel on the date above stated.

(20) (Signature) Charlitt Seagriff
(24) State whether Physician or Midwife Physician (26) Address of Physician or Midwife 1000 1/2 N. 1st St. S. St. Paul, Minn.

(Given name added from a supplement-
tal report)

(26) Witness E. J. Kelly
(Signature of Witness necessary only
when question 23 is signed by Mark)

(27) Filed Feb 20 1923 (28) J. S. Ballinger
 mid-14. Ab- 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.