

## (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

12892

Registration District No. 21..... Registered No. 24.....  
(For use of Local Registrar)

(No. .... St. .... Ward)

(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 Boy	(4) Twin or Triplet ✓	(5) Number in order of birth ✓	(6) Are Parents Married yes	(7) DATE OF BIRTH May 20, 1923 (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME  
Samuell Speed(9) PRESENT POSTOFFICE OF FATHER  
Anderson, S.C.(10) COLOR OR RACE  
Color (11) AGE AT LAST BIRTHDAY  
(Years)(12) BIRTHPLACE  
Anderson County(13) OCCUPATION  
Farming

## MOTHER.

(14) NAME BEFORE MARRIAGE  
Julia Vanhook(15) PRESENT POSTOFFICE OF MOTHER  
Anderson(16) COLOR OR RACE  
Color (17) AGE AT LAST BIRTHDAY  
(Years)(18) BIRTHPLACE  
Anderson County(19) OCCUPATION  
Domestic(20) Number of children born to mother, including present birth  
1(21) Number of children of this mother now living, including present birth  
1

## 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. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature)  
Annie Jones(24) State whether Physician or Midwife  
Midwife(25) Address of Physician or Midwife  
Anderson, S.C.

Given name added from a supplemental report

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

(27) Filed ..... 1923 (28) ..... 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.