

(1) PLACE OF BIRTH

County of ClarendonTownship of Union

Inc. Town of

City of

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

(2) Full Name of Child Violet May Mcintosh

File No.—For State Registrar Only

24058

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1312Registered No. 28

(For use of Local Registrar)

(3) SEX OF CHILD

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes

(7) DATE OF BIRTH

May 5 1923

(Name of month) (Day) (Year)

FATHER.

(8) FULL NAME

Engene Scott Mcintosh

(9) PRESENT POSTOFFICE OF FATHER

Union SC

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

39

(12) BIRTHPLACE

Clarendon Co

(13) OCCUPATION

Farmer

(14) Number of children born to mother, including present birth

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Viola Bradshaw

(15) PRESENT POSTOFFICE OF MOTHER

Union SC

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

32

(18) BIRTHPLACE

Clarendon Co

(19) OCCUPATION

Housewife

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Vernon Brown

(24) Name of Physician or Midwife

(25) Address of Physician or Midwife

Union SC

Given name added from a supplemental report

(26) Witness

E. S. McIntosh

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

(27) Filed

Aug 11 1923

(28)

J. L. Brown

Local Registrar

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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.