

## (1) PLACE OF BIRTH

County of BerkleyTownship of Enitawor  
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

371

Registration District No. 708 Registered No. ....  
(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) SEX OF CHILD <u>Male</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 2nd</u> 19 <u>23</u> (Month of Birth) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>unknown</u>	(14) NAME BEFORE MARRIAGE <u>Minnie Chance</u>		

(9) PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE OF MOTHER <u>Cross</u>
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(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY (Year)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY (Year)
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(12) BIRTHPLACE	(18) BIRTHPLACE <u>Berkley</u>
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(13) OCCUPATION	(19) OCCUPATION <u>unknown</u>
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(20) Number of children born to mother, including present birth <u>one</u>	(21) Number of children of this mother now living, including present birth <u>one</u>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Narcis(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife  
6200 St.

Given name added from a supplemental report

(26) Witness M. J. Williams  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 7th 1923 (28) W. H. ... 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.