

(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

34024

Registration District No. 9A

Registered No.
 (For use of Local Registrar)

(2) Full Name of Child

(1) SEX ☒ BOY ☐ GIRL (2) Type or Title of Birth (3) Number in order of birth (4) Age at last birthday (5) DATE OF BIRTH (6) If child is not yet named, make supplemental report as directed

FATHER.
 (8) FULL NAME Willie Mack
 (9) PRESENT POSTOFFICE OF FATHER Charleston SC
 (10) COLOR OR RACE Col'd
 (11) AGE AT LAST BIRTHDAY 23
 (12) BIRTHPLACE Raleigh SC
 (13) OCCUPATION Laborer
 (14) Number of children born to mother, including present birth 4

MOTHER.
 (15) NAME BEFORE MARRIAGE Corrie Gadden
 (16) PRESENT POSTOFFICE OF MOTHER Charleston SC
 (17) COLOR OR RACE Col'd
 (18) AGE AT LAST BIRTHDAY 21
 (19) BIRTHPLACE Maggett SC
 (20) OCCUPATION Housewife
 (21) Number of children of this mother now living 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(23) (Signature) Sarah Brown
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife 35 Chestnut St

Given name added from a supplemental report

(26) Witness
 (Signature of Witness necessary only when question 22 is signed by nurse)

(27) Filed 11/30 1923

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

1. In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD. See instructions FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 2, indicate the column. Columbia, S. C.