

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of 1224 Hampton

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For State Registrar

28436

Registration District No. 22 ARegistered No. 457

(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

(4) Twin or Triplet

(5) Number in order of birth

(6) Sex

(7) DATE OF BIRTH

Sept 5 1923

FATHER.

(8) FULL NAME

J. F. Bogwell

(9) PRESENT RESIDENCE OF FATHER

Greenville

(10) COLOR

white

(11) AGE AT LAST BIRTHDAY

47

(12) OCCUPATION

Merchant Co. N.S.

(13) OCCUPATION

Merchant

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

7

MOTHER.

(14) NAME BEFORE MARRIAGE

Eric Mull

(15) PRESENT RESIDENCE OF MOTHER

Greenville S.C.

(16) COLOR

white

(17) AGE AT LAST BIRTHDAY

34

(18) OCCUPATION

Merchant Co. N.S.

(19) OCCUPATION

Housewife

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive 12:00 M., on the date above stated. (Born alive or stillborn) (M., A.M., or P.M.)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

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

(26) Filed

Sept 10 1923

(27)

C. E. Smith

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.

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