

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Chickadee  
 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

21182

Registration District No. 2204 Registered No. 1064  
 (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 Isaac 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) Are Parents Married (7) DATE OF BIRTH July 28 23  
 To be answered only in case of Twin or Triplet (Year of Month) (Day) (Year)

FATHER. (14) NAME BEFORE MARRIAGE Laura Miller  
 (8) FULL NAME CG Langford (15) PRESENT POSTOFFICE OF MOTHER Greenville

(9) PRESENT POSTOFFICE OF FATHER Greenville (16) PRESENT POSTOFFICE OF MOTHER Greenville

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 28  
 (Year) (Year)

(12) BIRTHPLACE SC (13) BIRTHPLACE SC

(14) OCCUPATION Tortice (15) OCCUPATION Domestic

(16) Number of children born to mother, including present birth 2 (17) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(18) I hereby certify that I attended the birth of this child, who was born at 30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(19) (Signature) J. C. Miller (20) State whether Physician or Midwife (21) Signature of Physician or Midwife J. C. Miller

Given name added from a supplemental report (22) Witness (Signature of Witness necessary only when question 23 is signed by parent)

(23) Date Aug 1 1923 (24) Local Registrar J. C. Miller

\*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.

\*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.