

(1) PLACE OF BIRTH

County of CyflerTownship of Langleyor
Inc. Town ofor
City of Langley

(No. St.) Ward)

(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

File No.—for State Registrar Only

31485

Registration District No. 212A Registered No. 107

(For use of Local Registrar)

(2) Full Name of Child

Mildred Sore

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

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or subject? <u>1</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 21 23</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Leary Sore</u>		(14) NAME BEFORE MARRIAGE <u>Addie Sore</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Langley</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Langley</u>		
(10) COLOR OR RACE <u>White</u>		(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)		(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)		
(12) BIRTHPLACE <u>Langley SC</u>		(18) BIRTHPLACE <u>Langley</u>		
(13) OCCUPATION <u>Doctor</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Dr. J. P. Palfrey

(24) State whether Physician or Midwife: (25) Address of Physician or Midwife

Physician Langley SC

Given name added from a supplemental report

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

(27) Filed Dec 1 1923 (28) H. O. Spradley 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.