

(1) PLACE OF BIRTH
 County of Charleston
 Township of Charleston
 OF
 Inc. Town of
 OF
 City of
 (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
17188

Registration District No. Registered No.
 (For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child Herman Earle Jr
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Age Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>June 30 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>A. E. Cain</u>			(14) NAME BEFORE MARRIAGE <u>Carrie Segars</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Norton Salem NC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Norton Salem NC</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>Charleston Co</u>	
(13) OCCUPATION <u>Druggist</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:30 P. M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) B. S. Harwood

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed (28) B. S. Harwood 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.