

## (1) PLACE OF BIRTH

County of Spokane  
 Township of Conrad  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

22533

Registration District No. 40.6Registered No. 88  
(For use of Local Registrar)

City of ..... (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 Sula May High If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH July 2, 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Ed High</u>	(14) NAME BEFORE MARRIAGE <u>Cora Johnson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Idman St.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Idman St.</u>		
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>39</u>	(17) AGE AT LAST BIRTHDAY <u>38</u>
(12) BIRTHPLACE <u>Idman Co. Id.</u>	(18) BIRTHPLACE <u>Id.</u>		
(13) OCCUPATION <u>Salesman</u>	(19) OCCUPATION <u>Housewife</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>3</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Geo E. Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Idman St.

Given name added from a supplemental report

Jessie L. LoneyId. 5 1923

(26) Witness

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

(27) Filed July 10, 1923(28) Local Registrar Idman St.

\*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.