

Form No. 8

(1) PLACE OF BIRTH

County of Charleston
 Township of Wadswell
 or
 Inc. Town of W
 or

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

FILE NO. For State Registrar Only

23794

Registration District No. 513Registered No. 23

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same, instead of street and number.)
 (2) Full Name of Child William Mack

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets.

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

2-3
 (Name of Month) (Day) (Year)

(8) FULL NAME

David Mack

(9) PRESENT POSTOFFICE OF FATHER

North Carolina

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

Johns Creek

(13) OCCUPATION

Laborer

(14) NAME BEFORE MARRIAGE

Julia Parker

(15) PRESENT POSTOFFICE OF MOTHER

North Carolina

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

Johns Creek

(19) OCCUPATION

Laborer

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Catherine Raymond
North Carolina

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is answered "No")

(27) Filed

Sept 10

(28)

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 28th month of pregnancy.