

Form No. 6

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 4.

Division of Statistics, Columbia, S. C.

(1) PLACE OF BIRTH
 County of Orangeburg
 Township of Green
 Inc. Town of

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

Registration District No. 3617 Registered No. 6
 (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 No Name Live only 17 hrs. If child is not yet named, make supplemental report as directed

No. for State Registrar Only
4007

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Sex Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>July 2 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Atticus Finney</u>			(14) NAME BEFORE MARRIAGE <u>Florina Smith</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Cordova, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cordova, S.C.</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>46</u> (Year)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>42</u> (Year)	
(12) BIRTHPLACE <u>Orangeburg County</u>			(18) BIRTHPLACE <u>Orangeburg County</u>	
(13) OCCUPATION <u>Loggin & Joiner</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>9</u>			(21) Number of children of this mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:45 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. L. Muehl

(24) State whether Physician or Midwife
Physician

(25) Address of Physician or Midwife
Cordova, S.C.

Given name added from a supplemental report

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

(27) Filed 2 19 23 (28) H. L. Muehl 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.

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