

No. 3

PLACE OF BIRTH

City of Horry
 County of Corry
 or
 Town of
 or
 of

CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only

4212

Registration District No. 2502Registered No. 21
(For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Elizabeth

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

BOY OR
GIRL(4) Twin
or Triplet(5) Number in
order of birth(6) Are
Parents
Married yes(7) DATE OF
BIRTH Feb 24, 1923
(Name of Month) (Day) (Year)

FATHER.

FULL
NAMEJesse FaulkPRESENT
POSTOFFICE
OF FATHERCorry S.C.COLOR
OR
RACEcol(11) AGE AT LAST
BIRTHDAY 25
(Years)

BIRTHPLACE

Horry Co

OCCUPATION

LaborerNumber of children born to
mother, including present birth7

MOTHER.

(14) NAME BEFORE
MARRIAGECarrie Faulk(15) PRESENT
POSTOFFICE
OF MOTHERCorry S.C.(16) COLOR
OR
RACEcol(17) AGE AT LAST
BIRTHDAY 30
(Years)

(18) BIRTHPLACE

Horry Co

(19) OCCUPATION

Housewife(21) Number of children of this mother
now living, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Hennette Cox

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Corry S.C.On name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Feb 28, 1923(28) J. D. Dixon

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

For City

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rar)

. Ward)

I make
directed25
(29)2222222222222