

WHEN PLACING WITH UNPAID INCOME AS A CHILD, BEING BORN, AND WITH THE
N. B.—In case of TWINS OR TRIPLETS, use a SEPARATE REPORT FOR EACH CHILD, AND MARK THE
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.
DEPARTMENT OF VITAL STATISTICS, SOUTH CAROLINA, S. C.

(1) PLACE OF BIRTH

County of Orangeburg
Township of Goodland
or
Inc. Town of ..
or
City of ..

CERTIFICATE OF BIRTH

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

File No. 16217
For State Registrar Only

Registration District No. 3627 Registered No. 41
(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 Seller Souther

(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 May 25, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Ellie Souther
(9) PRESENT POSTOFFICE OF FATHER Springfield
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Housewife

MOTHER

(14) NAME BEFORE MARRIAGE Julia Stearns
(15) PRESENT POSTOFFICE OF MOTHER Springfield
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife

(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 At. B. at 6:00 P.M. on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)

(23) (Signature) Corridor Stearns (24) State whether Physician or Midwife (25) Address of Physician or Midwife Springfield

Given name added from a supplemental report

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

(27) Filed May 25, 1922 (28) S. M. Larrant 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.