

(1) PLACE OF BIRTH

County of

Township of

OF

Inc. Town of

OF

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twin or Triplets

(6) Are Parents Married?

y

(7) DATE OF BIRTH

Apt 18 1923
(Name of Month) (Day) (Year)

(8) FULL NAME

Wchof Morten

(9) PRESENT POSTOFFICE OF FATHER

Conway no 11

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

48
(Years)

(12) BIRTHPLACE

Horry Co

(13) OCCUPATION

Farmer

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

2

(14) NAME BEFORE MARRIAGE

Florence Parker

(15) PRESENT POSTOFFICE OF MOTHER

Conway no 11

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

32
(Years)

(18) BIRTHPLACE

Horry Co

(19) OCCUPATION

Housewife

(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 born alive or stillborn on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed (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 fifth month of pregnancy.

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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

36268

Registration District No. 2201 Registered No. 12
(For use of Local Registrar)

(No. St.; Ward)