

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

File No. - By State Registrar
5536

(1) PLACE OF BIRTH

County of Yamux
Township of
or
Inc. Town of
or
City of Firmid M
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4406

Registered No. 17
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL Girl
(4) Twin or Triplet? No
To be answered only in event of Twin or Triplet
(5) Number in order of birth 1
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Feb 15, 23
(Name of Month) (Day) (Year)
FATHER.
(8) FULL NAME Frederic Lewis Long
(9) PRESENT POSTOFFICE OF FATHER Firmid M
(10) COLOR OR RACE White
(11) AGE AT LAST BIRTHDAY 26
(12) BIRTHPLACE York Co S.C.
(13) OCCUPATION Farmer

(14) NAME BEFORE MARRIAGE Eileen Linnine
(15) PRESENT POSTOFFICE OF MOTHER Firmid M
(16) COLOR OR RACE White
(17) AGE AT LAST BIRTHDAY 20
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) M. L.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Firmid M

(Given name added from a supplemental report)

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

(27) Filed Mar 9 1923 (28) A. L. Parker 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.

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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD.
N. B.--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 5.