

## PLACE OF BIRTH

City of .....

County of .....

Town of .....

or .....

of .....

## CERTIFICATE OF BIRTH

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

File No. - For Sex

35076

Registration District No. 2204

Registered No. ....  
(For use of Local Registrar)

(No. of ..... St. .... Ward)

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

Full Name of Child

Alma Starling

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

BOY OR GIRL

Girl

(4) Twin or Triplet

(5) Number in order of birth

(6) Age Parents

yes

(7) DATE OF BIRTH

Oct 12 1910

## FATHER

FULL NAME

James Starling

PRESENT POSTOFFICE OF FATHER

Lynchburg, S.C.

COLOR OR RACE

colored

(11) AGE AT LAST BIRTHDAY

43

BIRTHPLACE

South Carolina

OCCUPATION

Farmer

## MOTHER

(14) NAME BEFORE MARRIAGE

Elizabeth Blalock

(15) PRESENT POSTOFFICE OF MOTHER

Lynchburg, S.C.

(16) COLOR OR RACE

colored

(17) AGE AT LAST BIRTHDAY

23

(18) BIRTHPLACE

South Carolina

(19) OCCUPATION

Farmer

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

Two

Number of children born to mother, including present birth

Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ... born alive ... at ... 4 P.M. ... on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Rebecca Anderson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Even name added from a supplemental report

(26) Witness

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

(27) Filed

Oct 31

1910

James H. O'Leary

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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