

Form No. 8

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 11949

County of

Township of

Inc. Town of

City of

Registration District No. 40-1 Registered No. 132

(No. 167 Pierpont St.) Per 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 Irma Elizabeth Wall

If child not yet named, make

Name of Child

Date of Birth 3 24 23

(Name of Month) (Day) (Year)

Sex of Child

FATHER

(1) Full Name Hollis Juace(2) Present Postoffice of Father City(3) Color of Father W(4) Age at Last Birthday 26(5) Birthplace La(6) Occupation Lumberman(7) Number of children born to mother, including present birth 1

MOTHER

(8) Full Name Irma L. Wall(9) Present Postoffice of Mother City(10) Color of Mother W(11) Age at Last Birthday 19(12) Birthplace S.C.(13) Occupation Housewife(14) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(15) I hereby certify that I attended the birth of this child, who was

on the date above stated.

(16) (Signature) A. D. Cust

(17) State whether Physician or Midwife

(18) Address of Physician or Midwife

Given name added from a supplementary report

(19) Witness

(Signature of Witness necessary only when question 15 is signed by mark)

(20) Filed 4-1-23

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.