

## (1) PLACE OF BIRTH

County of BeaufortTownship of Beaufort

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1206

731

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

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

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

(2) Full Name of Child Sandra Grace If child is not yet named, make supplemental report as directed3) SEX OR CHILD Boy 4) Age or Young 2 5) Number in order of birth 1 6) Date of birth Jan 13 1923FATHER: 7) FULL NAME Dezuan Graves 8) OCCUPATION Farmer 9) COLOR White 10) AGE AT LAST BIRTHDAY 32 11) BIRTHPLACE S.C. 12) OCCUPATION Farmer 13) Number of children born to mother, including present one 5MOTHER: 14) FULL NAME Minnie Pigg 15) OCCUPATION Farmer 16) COLOR White 17) AGE AT LAST BIRTHDAY 32 18) BIRTHPLACE S.C. 19) OCCUPATION House-keeping 20) Number of children of this mother now living, including present one 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Sign alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Chas. Deane (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Beaufort S.C.

Given name added from a supplemental report

(26) Witness (Signature of witness necessary only when question 23 is signed "or mark")

(27) Filed 1/20 23 (28) John King 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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