

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4248

Registration District No. 2576Registered No. 10
(For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX Girl (4) Twin or Triplet No (5) Number in order of birth 1st (6) Are Parents Married No (7) DATE OF BIRTH July 2, 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Legis
 (9) PRESENT POSTOFFICE OF FATHER
 (10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)
 (12) BIRTHPLACE
 (13) OCCUPATION
 (14) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Mary Granger
 (15) PRESENT POSTOFFICE OF MOTHER Job Acker 2
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY (Years) 22
 (18) BIRTHPLACE Horry Co. S.C.
 (19) OCCUPATION House Field Work
 (20) 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 White at 6:45 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. J. Tucker(24) State whether Physician or Midwife Midwife(25) Address of Physic. or Midwife Job Acker 2

Given name added from a supplemental report

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

(27) Date July 12, 1923 (28) Local Registrar E. J. Tucker

When there was no attendance at birth, No report is desired of stillbirths before the fifth month of pregnancy.

If a child breathes even once, it must be reported before the fifth month of pregnancy.