

## (1) PLACE OF BIRTH

County of *Norm*Township of *Simmons Creek*

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

18056

Registration District No. *2509*Registered No. *48*  
(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

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

(3) SEX OR  
GIRL? *Girl*(4) Twin  
or Triplet(5) Number in  
order of birth  
To be answered only in event of Twin or Triplet(6) Are  
Parents  
Married? *Yes*(7) DATE OF  
BIRTH *March 7, 1923*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME *Wayland Hoyt Stanley*(9) PRESENT  
POSTOFFICE  
OF FATHER *Loris S C R 3*(10) COLOR  
OR  
RACE *white* (11) AGE AT LAST  
BIRTHDAY *30*  
(Years)(12) BIRTHPLACE *Horry Co SC*(13) OCCUPATION *Farming*(14) Number of children born to  
mother, including present birth *Three*

## MOTHER.

(14) NAME BEFORE  
MARRIAGE *Bertha Gertrude Rhodes*(15) PRESENT  
POSTOFFICE  
OF MOTHER *Loris S C R 3*(16) COLOR  
OR  
RACE *white* (17) AGE AT LAST  
BIRTHDAY *26*  
(Years)(18) BIRTHPLACE *Horry Co SC*(19) OCCUPATION *Housewife*(20) Number of children of this mother  
now living, including present birth *Three*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *live* at *3 A* M.,  
on the date above stated. (Born Alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Ruger Richardson*(24) State whether Physician or Midwife *Physician*(25) Address of Physician or Midwife *Loris SC*Given name added from a supplement-  
tal report(26) Witness (Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed *Mar 13, 1923* (28) *Ruger Richardson*  
Local Registrar

Registrar

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.