

## (1) PLACE OF BIRTH

County of EdgefieldTownship of #2or  
Inc. Town ofor  
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

Registration District No. 3901

File No. — For State Registrar Only

42620

Registered No. 119

(For use of Local Registrar)

St. Ward

## (2) Full Name of Child.

Home Given

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

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>10 23 23</u> (Name of Month) (Day) (Year)
(8) FATHER'S FULL NAME <u>Claude Dennis</u>		(9) MOTHER'S FULL NAME <u>Lillie Mary Temple</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Ridge Springs</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Ridge Springs</u>		
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(16) BIRTHPLACE <u>Edgefield Co., S.C.</u>		(17) BIRTHPLACE <u>Edgefield Co., S.C.</u>		
(18) OCCUPATION <u>Home</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>3</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:30 (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

Jan 9 1924 Wm J S Crouch  
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.

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