

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Register Only  
**44776**

County of **Charleston**  
 Township of **Charleston**  
 or  
 In Town of ..... Registration District No. **400.20** Registered No. **12**  
 or  
 City of ..... (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

(1) SEX <b>girl</b>	(2) Twin or Triplet? <b>X</b>	(3) Number in order of birth <b>1</b>	(4) Are Parents Married? <b>Yes</b>	(7) DATE OF BIRTH <b>Mar 24 23</b> (Name of Month) (Day) (Year)
(8) FATHER'S FULL NAME <b>Clara Kimbrell</b>		(9) MOTHER'S NAME BEFORE MARRIAGE <b>Ara Scruggs</b>		
(10) PRESENT POSTOFFICE OF FATHER <b>Charleston S.C.</b>		(11) PRESENT POSTOFFICE OF MOTHER <b>Charleston S.C.</b>		
(12) COLOR OR RACE <b>white</b>	(13) AGE AT LAST BIRTHDAY <b>29</b> (Years)	(14) COLOR OR RACE <b>white</b>	(15) AGE AT LAST BIRTHDAY <b>27</b> (Years)	
(16) BIRTHPLACE <b>S.C.</b>		(17) BIRTHPLACE <b>S.C.</b>		
(18) OCCUPATION <b>Farmer</b>		(19) OCCUPATION <b>House wife</b>		
(20) Number of children born to mother, including present birth <b>2</b>		(21) Number of children of this mother now living, including present birth <b>2</b>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born at **B. Shivers** on the date above stated. (Hour A. M. or P. M.) **11:25 P.**

(23) (Signature) **B. Shivers**  
 (24) State of this Physician or Midwife **Physician** (25) Address of Physician or Midwife **Charleston S.C.**

Given name added from a supplemental report

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

(27) File **575 24** (28) **B. C. Underwood** 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.

McGraw-Hill of Columbia