

1. In case of twins or triplets use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH

County of Barnwell
Township of Barnwell
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

43656

Registration District No. 501 Registered No. 42
(For use of Local Registrar)

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

(2) Full Name of Child Chas. Harvey Birk

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

(3) SEX OF CHILD Boy (4) Type or Weight — (5) Number in order of birth — (6) Age of Mother 33 (7) DATE OF BIRTH June 1, 1923

FATHER.
(8) FULL NAME P. C. Birt
(9) PRESENT RESIDENCE OF FATHER Elko S.C.
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 37
(12) BIRTHPLACE Barnwell Co.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 4

MOTHER.
(14) NAME BEFORE MARRIAGE Ruth Hair
(15) PRESENT RESIDENCE OF MOTHER Elko S.C.
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27
(18) BIRTHPLACE Barnwell Co.
(19) OCCUPATION W
(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 10 P.M. on the date above stated. (Mark A. M. or P. M.)

(22) (Signature) [Signature]
(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Filed Nov. 10, 1923 (27) N. F. Kirkland Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. In a child breathed even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.