

(1) PLACE OF BIRTH

County of
 Township of
 or
 Loc. Town of
 or
 City of

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

File No. — For State Registrar Only

19326

Registration District No. Registered No. 23
 (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) BOY OR GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH June 14, 1923
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME
 (9) PRESENT POSTOFFICE OF FATHER
 (10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)
 (12) BIRTHPLACE
 (13) OCCUPATION
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Barrie Wright
 (15) PRESENT POSTOFFICE OF MOTHER Elbert
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY (Years)
 (18) BIRTHPLACE Elbert
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Ariane M. ...
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Elbert

Given name added from a supplemental report

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

(27) Filed June 20, 1923 (28) Newton Palmer 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.