

## (1) PLACE OF BIRTH

County of *Albemarle*Township of *Laurinville*Incr. Town of .....  
orCity 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

File No. *for State Registrar Only*

9024

Registration District No. *P.O.* Registered No. *1*

(For use of Local Registrar)

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

## (2) Full Name of Child

(1) BOY OR GIRL? *Girl*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Apr. 9*

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME *William Paul*(9) PRESENT POSTOFFICE OF FATHER *Hitchingsville, S.C.*(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *26* (Years)(12) BIRTHPLACE *South Carolina*(13) OCCUPATION *Farmer*(14) Number of children born to mother, including present birth *1*

## MOTHER

(14) NAME BEFORE MARRIAGE *Pearly Gantt*(15) PRESENT POSTOFFICE OF MOTHER *Hitchingsville, S.C.*(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *26* (Years)(18) BIRTHPLACE *South Carolina*(19) OCCUPATION *Housewife*(20) 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 *born alive* *2* *P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *H. W. Hitchings*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

*Physician Hitchingsville, S.C.*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Apr. 27, 1923* (28) *Mrs. S. Courtney* 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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