

PLACE OF BIRTH

County of Wayne
 Township of Camden
 or Campbell
 City of SC

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32126

Registration District No. 2007 Registered No. 87
 (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.)

Full Name of Child

1 SEX OR ONLY Male 4 Twin or Triplet No 5 Number in order of birth 1 6 Are Parents Married Yes 7 DATE OF BIRTH Sept 29, 1923
 (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME John Hyman
 9 PRESENT POSTOFFICE OF FATHER Campbell SC
 10 COLOR OR RACE White 11 AGE AT LAST BIRTHDAY 25
 (Years)
 12 BIRTHPLACE SC

OCCUPATION

Vener Ciller

13 Number of children born to mother, including recent birth Two

MOTHER.

14 NAME BEFORE MARRIAGE Mildred Hyman
 15 PRESENT POSTOFFICE OF MOTHER Campbell SC
 16 COLOR OR RACE White 17 AGE AT LAST BIRTHDAY 18
 (Years)
 18 BIRTHPLACE SC
 19 OCCUPATION unemployed

20 Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 7:30 P. M., on the date above stated. (Hour of birth or stillborn) (M. or P. M.)

(22) (Signature) M. H. P. O. S.(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Campbell SC

When name added from a supplemental report

(25) Witness

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

(26) Filed Oct 2, 1923

(27) Local Registrar. M. H. P. O. S.

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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