

Form No. 8

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE NO. For State Registrar Only

30642

County of *Charleston*Township of *Blowen's Hill*

Inc. Town of \_\_\_\_\_

or \_\_\_\_\_

(City of \_\_\_\_\_)

Registration District No. *1314*Registered No. *38*

(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 *Annelle Oliver du Rant*

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

(3) BOY OR GIRL *Girl*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Jan 1 1923*  
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

## FATHER

## MOTHER

(8) FULL NAME *H. Eugene du Rant*(14) NAME BEFORE MARRIAGE *Gertrude Oliver*(9) PRESENT POSTOFFICE OF FATHER *Alcohu S.C. R.*(15) PRESENT POSTOFFICE OF MOTHER *Alcohu S.C. R.*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *33*  
(Years)(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *26*  
(years)(12) BIRTHPLACE *S.C.*(18) BIRTHPLACE *S.C.*(13) OCCUPATION *Farming*(19) OCCUPATION *House wife*(20) Number of children born to mother, including present birth *1*(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 \_\_\_\_\_ M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) \_\_\_\_\_

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Name added from a supplemental report

(26) Witness *Mrs R. E. Thompson*

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

(27) Filed *Jan 12 1923* (28) *R. E. Thompson*  
Local Registrar.19\_\_\_\_  
RegistrarIf 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 28th month of pregnancy.