

NAME OF BIRTH

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

No. 12.—For State Registrar Only
9211

County of Aiken
Municipality of Melvin
or
City or Town of Pigeon
or
City of SC

Registration District No. 32 Registered No. 43
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
St. 1 Ward

Full Name of Child Grace Martin Southard If child is not yet named, make supplemental report as directed

SEX girl (a) Twin or Triplet (b) Number in order of birth (c) Are Parents Married yes (d) DATE OF BIRTH Oct 5 1923
(Name of Month) (Day) (Year)

FATHER.
(1) FULL NAME R. D. Southard
(2) PRESENT POSTOFFICE OF FATHER Pigeon SC
(3) COLOR OR RACE White (4) AGE AT LAST BIRTHDAY 5 (Years)
(5) BIRTHPLACE SC
(6) OCCUPATION Farmer

MOTHER.
(14) NAME BEFORE MARRIAGE Laura Contree
(15) PRESENT POSTOFFICE OF MOTHER Pigeon SC
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 41 (Years)
(18) BIRTHPLACE SC
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P M., on the date above stated. (Hour A. M. or P. M.)
H. T. Martin

(23) (Signature) H. T. Martin (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pigeon SC

Give name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed May 7 1923 (28) Local Registrar J. L. Shaw

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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