

## (1) PLACE OF BIRTH

County of Charleston  
 Township of St. P. St. M.  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

No. for State Register only  
**3280**

Registration District No. 909 Registered No. 29  
 (For use of Local Registrar)

City of ..... (No. 0 Mile ..... 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 Hattie Iron If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Girl (4) Type of Triplet ..... (5) Number in order of birth ..... (6) Are Parents Married yes (7) DATE OF BIRTH Feb 20, 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Neil Iron</u>	(14) NAME BEFORE MARRIAGE <u>Sarah Green</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Myers S. C.</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Myers S. C.</u>
(11) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>48</u> (Year)	(11) COLOR OR RACE <u>C.C.</u>	(11) AGE AT LAST BIRTHDAY <u>43</u> (Year)
(12) BIRTHPLACE <u>Charleston Co.</u>	(12) BIRTHPLACE <u>Charleston Co.</u>	(13) OCCUPATION <u>Common Laborer</u>	(13) OCCUPATION <u>House wife</u>
(14) Number of children born to mother, including present birth <u>8</u>	(14) Number of children of this mother now living, including present birth <u>8</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
 (22) I hereby certify that I attended the birth of this child, who was ... born alive ... at 6 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Curie S. Sencer  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 6 Mile

Given name added from a supplemental report  
 (26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mother)  
 (27) Filed Feb 27, 1923 (28) C. F. Myers 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.