

(1) PLACE OF BIRTH

County Union

Township of

or

Inc. Town of

or Union

(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 Robert Stimp

File No. - For State Registrar Only

22700

CERTIFICATE OF BIRTH

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

Registration District No. 42-A

Registered No. 106
(For use of Local Registrar)

(3) SEX ♂

(4) Type of Twins To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married Yes

(7) DATE OF BIRTH 4-23
(Name of Month) (Day) (Year)

(8) FULL NAME Robert Stimp

(9) PRESENT POSTOFFICE OF FATHER Union S.C.

(10) COLOR OR RACE W.

(11) BIRTHPLACE Brookings Tenn

(12) OCCUPATION Inspector

(13) Number of children born to mother, including present birth 2

FATHER
Full Name: Robert Stimp
Present Postoffice: Union S.C.
Color or Race: W.
Birthplace: Brookings Tenn
Occupation: Inspector
Number of children born to mother: 2

MOTHER
(14) NAME BEFORE MARRIAGE Jennie Stillwell
(15) PRESENT POSTOFFICE OF MOTHER Union S.C.
(16) COLOR OR RACE W.
(17) BIRTHPLACE Wainor N.C.
(18) OCCUPATION Domestic
(19) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Hour 10 A M. or P. M. on the date above stated.

(23) (Signature) N. H. ...
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 4 10 23 (28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc. should make this report. 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.