

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3985

Registration District No. 22-13 Registered No. 1

(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married(7) DATE OF
BIRTH Jan 5 1923
(Name of Month) (Day) (Year)If child is not yet named, make
supplemental report as directed

FATHER

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY 32
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to
mother, including present birth(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY 31
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 420 A. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplement-
tal report

(25) Witness

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

(26) Filed 3/10 1923

(27)

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.

before the fifth month of pregnancy