

(1) STATE OF SOUTH CAROLINA

CERTIFICATE OF BIRTH
State of South Carolina
State Board of Health

2880

County of Beaufort
Township of North
or
In Town of.....
or
City of.....

Registration District No. 1404 Registered No. 23
(For use of Local Registrar)

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

(2) Full Name of Child..... If child is not yet named, make supplemental report as required

(3) SEX OF CHILD Girl (4) AGE 4 (5) DATE OF BIRTH Feb 19 1923
(6) TIME OF BIRTH 4:40 (7) PLACE OF BIRTH Home

FATHER		MOTHER	
(8) FULL NAME <u>Lee Williams</u>	(14) NAME BEFORE MARRIAGE <u>Clar Ayer</u>	(9) FULL NAME <u>Ehrhardt S.C.</u>	(15) NAME BEFORE MARRIAGE <u>Ehrhardt S.C.</u>
(10) COLOR <u>Cal</u>	(11) AGE AT LAST BIRTHDAY <u>32</u>	(16) COLOR <u>Cal</u>	(17) AGE AT LAST BIRTHDAY <u>26</u>
(12) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Laborer on Farm</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of the mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Ramona at 11 A.M. on the date above stated. (Sign name or initials) (Hour A. M. or P. M.)

(23) (Signature) Mary Falk
(24) State whether Physician or Midwife Midwife (25) Address of Birth Ehrhardt

Given name added from a supplemental report.....
(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed Feb 19 1923 at Beaufort

When there was no attending physician or midwife, then the father or mother must sign this certificate. If a child breathes even once, it must not be reported as stillborn before the first month.