

(1) PLACE OF BIRTH

County of Beaufort
Township of Carter
or
Inc. Town of
or
City of

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

No. for State Registrar Only
22003

Registration District No. 2572 Registered No. 88
(For use of Local Registrar)

(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 Unnamed If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD girl (4) Twin or Triplet no (5) Age at Birth 5 (6) DATE OF BIRTH 7-13-23
To be answered only in event of Twin or Triplet

FATHER.
(8) FULL NAME John E. Painter
(9) PRESENT POSTOFFICE OF FATHER Westminster Rt 3
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth 5

MOTHER.
(15) NAME BEFORE MARRIAGE Cornelia Stone
(16) PRESENT POSTOFFICE OF MOTHER Westminster Rt 3
(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 25
(19) BIRTHPLACE South Carolina
(20) OCCUPATION House keeping
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. C. Mays (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 23 is signed by mark)

(27) Filed July 21, 1923 (28) A. P. Martin 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.