

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

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

(2) Full Name of Child

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for this Register only

35377

Registration District No. 1208 Registered No. 3
(For use of Local Registrar)(3) SEX Girl (4) Type or Twin (5) Number in order of birth (6) DATE OF BIRTH Oct 25 1923
(Name of Month) (Day) (Year)FATHER
(7) FULL NAME Phyllis Highland
(8) PLACE OF BIRTH Charleston S.C.
(9) COLOR negro (10) AGE AT LAST BIRTHDAY 31
(11) BIRTHPLACE S.C.
(12) OCCUPATION Homemaker
(13) Number of children born to mother, including present birth 3MOTHER
(14) NAME BEFORE MARRIAGE Margie Highland
(15) PLACE OF BIRTH Charleston S.C.
(16) COLOR negro (17) AGE AT LAST BIRTHDAY 24
(18) BIRTHPLACE Home wife
(19) OCCUPATION
(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Mary Rodney(23) State whether Physician or midwife(24) Address of residence or office Society Building

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed Nov 28 192319
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.