

## (1) PLACE OF BIRTH

County of LancasterTownship of Apple Creek

or

Inc. Town of: .....

or

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

Registration District No. 7804Registered No. 193  
(For use of Local Registrar)

## (2) Full Name of Child

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

(3) SEX OF CHILD  
girl(4) Type of Birth  
one  
To be answered only in case of Twin or Triple(5) Number in order of Birth  
1st(6) Are Parents Married  
yes(7) DATE OF BIRTH  
Dec 8 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME  
Oscar Delman(9) PRESENT POST OFFICE OF FATHER  
Lancaster S.C.(10) COLOR OR RACE  
white(11) AGE AT LAST BIRTHDAY  
31  
(Years)(12) BIRTHPLACE  
Lancaster County(13) OCCUPATION  
House Wash(14) Number of children born to mother, including present birth  
1st (6)

## MOTHER.

(14) NAME BEFORE MARRIAGE  
Maud Hunter(15) PRESENT POST OFFICE OF MOTHER  
White(16) COLOR OR RACE  
white(17) AGE AT LAST BIRTHDAY  
30  
(Years)(18) BIRTHPLACE  
Chesfield County S.C.(19) OCCUPATION  
Cotton mill work(20) Number of children of this mother now living, including present birth  
2nd (5)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 8:00 P.M. on the date above stated.(22) (Signature)  
J. D. Henderson(23) State whether Physician or Midwife  
Physician(24) Address of Physician or Midwife  
Lancaster S.C.

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 25 is signed "mark")

(26) Signature  
J. D. Henderson(27) Date  
July 2(28) Local Registrar  
J. D. Henderson

\*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.

STATE BOARD OF HEALTH

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H. B.—In case of twins or triplets use a SEPARATE RECORD for each child. In question 1 FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 2

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.