

## 1. PLACE OF BIRTH

County of Florence  
 Township of Cain  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

**CERTIFICATE OF BIRTH**  
**STATE OF SOUTH CAROLINA**

 Bureau of Vital Statistics  
 State Board of Health

FILE No.—For State Registrar Only

14547
 Registration District No. 2001 Registered No. 30  
 (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 Harry Mc Donald Cuscoe { If child is not yet named, make supplemental report as directed.

1. BOY OR GIRL <u>Boy</u>	4. Twin or Triplet? To be answered only in event of Twins or Triplets	3. Number in order of birth	6. Are Parents Married? <u>no</u>	7. DATE OF BIRTH <u>Dec. 3, 1923</u> (Name of Month) (Day) (Year)
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FATHER	
8. FULL NAME <u>unknown</u>	11. AGE AT LAST BIRTHDAY _____ (Years)
9. PRESENT POSTOFFICE OF FATHER _____ "	
10. COLOR OR RACE _____ "	
12. BIRTHPLACE _____ "	
13. OCCUPATION _____ "	
20. Number of children born to mother, including present birth { <u>1</u>	

MOTHER	
14. NAME BEFORE MARRIAGE <u>Josephine Cuscoe</u>	17. AGE AT LAST BIRTHDAY <u>17</u> (Years)
15. PRESENT POSTOFFICE OF MOTHER <u>Hymen, S.C.</u>	
16. COLOR OR RACE <u>negro</u>	
18. BIRTHPLACE <u>S.C.</u>	
19. OCCUPATION <u>farm hand</u>	
21. Number of children of this mother now living, including present birth { <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

 22. I hereby certify that I attended the birth of this child, who was born alive at 9 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

 23. Signature Fannie Pierce

24. State whether Physician or Midwife \_\_\_\_\_ 25. Address of Physician or Midwife \_\_\_\_\_

Given name added from a supplemental report

 26. Witness midwife Hymen, S.C.  
 (Signature of Witness necessary only when question 27 is signed by mark)

 27. Filed April 1924 28. W. H. Pester  
 Registrar 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.

MAIN BODY RESERVED FOR BINDING  
 WITH UNPAIDING IN THIS IS A PERMANENT RECORD.  
 SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
 FIRST-BORN, NO. 1. THE OTHER, NO. 2, etc., in question 2