

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

11953

County of

Township of

Inc. Town of

City of

Registration District No. 40-a

Registered No. 140
(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

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

(2) SEX OF CHILD Male	(3) Twin or Triplet To be answered only in report of Twin or Triplet	(4) Number in order of birth 1	(5) Age Years 4-2	(6) DATE OF BIRTH Nov 22 1923 (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME John Bankides			(14) NAME BEFORE MARRIAGE Nethi Owick	
(9) PRESENT POSTOFFICE OF FATHER Aunt St.			(15) PRESENT POSTOFFICE OF MOTHER Aunt St.	
(10) COLOR OR RACE White	(11) AGE AT LAST BIRTHDAY 27 (Year)	(16) COLOR OR RACE White	(17) AGE AT LAST BIRTHDAY 23 (Year)	
(12) BIRTHPLACE Greece			(18) BIRTHPLACE S.C.	
(13) OCCUPATION Merchant			(19) OCCUPATION Domestic	
(20) Number of children born to mother, including present birth 1			(21) Number of children of this mother now living, including present birth 2	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) Signature

(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 5-1-

19 23

(28)

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.

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