

(1) PLACE OF BIRTH

County of LancasterTownship of Flat Creek

Inc. Town of

City of

(No. St. Ward)
(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. 2903

File No.—For State Registrar Only

4355

Registered No. 14
(For use of Local Registrar)

(2) Full Name of Child

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

3. BOY OR GIRL

girl(4) Twin or Triplet?
To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

yes

7. DATE OF

BIRTH Feb. 2, 1923
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

John J. ...

9. PRESENT POSTOFFICE OF FATHER

Hartsville

10. COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

(Years)

12. BIRTHPLACE

Missouri

13. OCCUPATION

Miner

20. Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

John J. ...

(15) PRESENT POSTOFFICE OF MOTHER

Hartsville S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

Missouri

(19) OCCUPATION

Miner

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

John J. ...

(24) State whether Physician or Midwife

M.D.

(25) Address of Physician or Midwife

Hartsville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb. 2, 1923

(28)

J.C. Nelson
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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FIRST-BORN. No. 1. THE OTHER. No. 2. etc. In question 2.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.