

(1) PLACE OF BIRTH

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County of Charleston  
Township of St. Pauls  
or  
Inc. Town of.....  
or  
City of.....

CERTIFICATE OF BIRTH

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

FILE-TO-BE KEPT

9718

Registration District No. 910 Registered No. 19  
(For use of Local Registrar)

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

(2) Full Name of Child Dorothy Inwood If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD girl (4) Twin or Triplet No (5) Number in order of birth 3 (6) Are Parents Married Yes (7) DATE OF BIRTH Jan 7 1923  
To be answered only in event of Twin or Triplet

FATHER.

(8) FULL NAME Holly Branch Inwood  
(9) PRESENT RESIDENCE Weygatt St.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farming  
(14) Number of children born to mother, including present birth 13

MOTHER.

(14) NAME BEFORE MARRIAGE Addie Cecil Peoples  
(15) PRESENT RESIDENCE Weygatt St.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Housewife  
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 8 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) [Signature] (23) Address of Physician or Midwife [Address]  
(24) State whether Physician or Midwife

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(26) Filed 430 23 (27) [Signature]

As a human breathes even once, it must not be reported as stillborn. No report is to be made before the fifth month of pregnancy.