

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Georgetown  
Township of .....  
or  
Inc. Town of .....  
or  
City of Georgetown  
(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

File No.—For State Registrar Only

38395

Registration District No. 21-A Registered No. 106  
(For use of Local Registrar)  
(No. Front St. St.; ..... Ward)

(2) Full Name of Child

Beatrice Sorenson

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

(3) BOY OR GIRL girl (4) Twin or Triplet? yes (5) Number in order of birth 1st (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 30 1922  
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME HILDA SORENSEN  
(9) PRESENT POSTOFFICE OF FATHER Georgetown S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36 (Year)  
(12) BIRTHPLACE Brunswick Co. N.C.  
(13) OCCUPATION U.S. Coast Guard Service  
(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Oliver Gardner  
(15) PRESENT POSTOFFICE OF MOTHER Georgetown S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Year)  
(18) BIRTHPLACE Charleston Co. S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:00 P.M. on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature) J. A. Bell (24) State whether Physician or Midwife (25) Address of Physician or Midwife Georgetown 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 Dec 13 1922 (28) Mrs. R. J. King 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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