

(1) PLACE OF BIRTH

County of

Township of

OF

Inc. Town of

OF

City of

(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 Register Only

28201

Registration District No. 1291

Registered No.
(For use of Local Registrar)

(2) Full Name of Child

3) BOY OR GIRL

4) Twin or Triplets

5) Number in order of birth

6) Is child named after father or mother

7) DATE OF BIRTH

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

9) FULL NAME

10) PRESENT POSTOFFICE OF FATHER

11) COLOR OR RACE

12) BIRTHPLACE

13) OCCUPATION

14) Number of children born to mother, including present birth

14) NAME BEFORE MARRIAGE

15) PRESENT POSTOFFICE OF MOTHER

16) COLOR OR RACE

17) BIRTHPLACE

18) OCCUPATION

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

(22)

I hereby certify that I attended the birth of this child, who was ...
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplementary report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

Sept 23 1923

(28)

W. R. Blair

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.