

(1) PLACE OF BIRTH

County of FlorenceTownship of P. M. N. C.

Inc. Town 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

No. 1. - For State Registrar Only
28364Registration District No. 2013 Registered No. 22

(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child

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

1. BOY OR GIRL Girl 2. Twin or Triplet No 3. Number in order of birth 1
To be answered only in case of Twin or Triplet4. Age Parents Married Yes 5. DATE OF BIRTH Sept 2, 1923
(Name of Month) (Day) (Year)

FATHER.

6. FULL NAME Allen Nelson Poston7. PRESENT POSTOFFICE OF FATHER Pamplico8. COLOR OR RACE White 9. AGE AT LAST BIRTHDAY 33
(Year)10. BIRTHPLACE S. C.11. OCCUPATION Farmer12. Number of children born to mother, including present birth 15

MOTHER.

13. NAME BEFORE MARRIAGE Christine Holland Newton14. PRESENT POSTOFFICE OF MOTHER Pamplico15. COLOR OR RACE White 16. AGE AT LAST BIRTHDAY 25
(Year)17. BIRTHPLACE S. C.18. OCCUPATION Housewife19. Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(20) I hereby certify that I attended the birth of this child, who was born alive at 1 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) M. D. Poston(22) State whether Physician or Midwife (23) Address of Physician or Midwife Pamplico, S. C.

Given name added from a supplemental report

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

(25) Filed Sept 2, 1923 (26) M. D. Poston 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
R. R.—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.