

## (1) PLACE OF BIRTH

County of Horry  
 Township of Bayboro  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

40951

Registration District No. 25-00 Registered No. 116  
 (For use of Local Registrar)

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OR CHILD girl (4) Twin or Triplet ✓ (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Dec 31, 1922  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Maen Shattan Gerald  
 (9) PRESENT POSTOFFICE OF FATHER Bayboro, C. R. T.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Year)  
 (12) BIRTHPLACE Horry County, SC  
 (13) OCCUPATION Farming  
 (14) NAME BEFORE MARRIAGE Ella Gerald  
 (15) PRESENT POSTOFFICE OF MOTHER Bayboro, C. R. T.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Year)  
 (18) BIRTHPLACE Horry County, C. R. T.  
 (19) OCCUPATION Housewife  
 (20) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at 2 P.M.  
 (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

(Given name added from a supplemental report)

M. S. Ward  
March 6, 1924  
 Registrar

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

(26) Filed Jan 9, 1924 (27) Local Registrar J. E. Allen

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.