

Form No. 1

(1) PLACE OF BIRTH

County of HershawTownship of Heath

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

File No. - For State Registrar Only

32751

Registration District No. 7761Registered No. 191
(For use of Local Registrar)

St. Ward

(2) Full Name of Child

(3) SEX OR GENDER <u>Boy</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 30 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME David Pierce

(9) PRESENT POSTOFFICE OF FATHER Camden

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 39
(Year)

(12) BIRTHPLACE Hershaw

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Hershaw

(15) PRESENT POSTOFFICE OF MOTHER Camden

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 36
(Year)

(18) BIRTHPLACE Hershaw

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:30 PM, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Betty

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Nov 11 1923

(28) 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.