

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

3375

Registration District No. 11.05

Registered No. 49
(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

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

(3) SEX OF CHILD

Boy

(4) Type or Token

To be given only in event of Twin or Triplets

(5) Number in order of birth

16

(6) Age of Mother

25

(7) DATE OF BIRTH

2/5/23
(Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

Frank Derman

(14) MARRIAGE

Married Gladden

(9) PRESENT RESIDENCE OF FATHER

Boscoville

(16) PRESENT RESIDENCE OF MOTHER

Boscoville

(10) COLOR OF SKIN

white

(11) AGE AT LAST BIRTHDAY

40

(12) COLOR OF SKIN

white

(13) AGE AT LAST BIRTHDAY

32

(15) BIRTHPLACE

SC

(17) BIRTHPLACE

SC

(18) OCCUPATION

Farming

(19) OCCUPATION

—

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

16

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

16

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 11:45 AM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. B. Kell 40

(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 mark)

(27) Date

Feb. 10, 1923

(28)

R. H. Frazier

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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