(1) PLACE [illegible]

County of [illegible]

Township of [illegible]

or

Inc. Town of [illegible] S.C. Rd 1

or

City of ..... (No. ..... St.; ..... Ward)

(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: 18803

Registration District No. 37[illegible] Registered No. 114
(For use of Local Registrar)

(2) Full Name of Child [illegible]

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

(3) Sex of child	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) [illegible]	(7) DATE OF BIRTH (Month) (Day) (Year)
Boy			[illegible]	[illegible] 23, 1923

FATHER.	MOTHER.
(8) FULL NAME: Jonathan David Birchfield	(14) MAIDEN NAME OR NAME BY PREVIOUS MARRIAGE: Ellie Lupinie Simpson
(9) PRESENT POSTOFFICE OF FATHER: Central S.C. Rd 1	(15) PRESENT POSTOFFICE OF MOTHER: Central S.C. Rd 1
(10) COLOR OR RACE: White. (11) AGE AT LAST BIRTHDAY: 42 (Years)	(16) COLOR OR RACE: White. (17) AGE AT LAST BIRTHDAY: 21 (Years)
(12) BIRTHPLACE: Oconee Co.	(18) BIRTHPLACE: Anderson Co.
(13) OCCUPATION: Farmer.	(19) OCCUPATION: Housewife.
(20) Number of children born to mother, including present birth: 2	(21) Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:55 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) W. L. Bickley.

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Pendleton S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed July 9 1923 (28) J. H. Brandon.
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.

*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.