

Form No. 8

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

FILE NO. For State Registrar Only

20038

County of CalhounTownship of Surge

Inc. Town of _____

City of _____

Registration District No. 802 Registered No. 147
(For use of Local Registrar.)(No. _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child David Siley If child is not yet named, make supplemental report as directed(1) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 18 1923
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>David Siley</u>	(14) NAME BEFORE MARRIAGE <u>Aliene Harrison</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Cameron, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Cameron, S.C.</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>17</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)
(12) BIRTHPLACE <u>Calhoun Co</u>	(18) OCCUPATION <u>Farm Help</u>	(19) BIRTHPLACE <u>Calhoun Co</u>	(20) OCCUPATION <u>Farm Help</u>
(21) Number of children born to mother, including present birth <u>1</u>	(22) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated.
(Born alive or stillborn), (Hour A. M. or P. M.)(24) (Signature) X Jane Mitchell (25) State whether Physician or Midwife Midwife (26) Address of Physician or Midwife Cameron, S.C.

Given name added from a supplemental report

(27) Witness Mrs. Mitchell
(Signature of Witness necessary only when question 21 is signed by mark)(28) Filed July 19 1923 W. J. Keller 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 28th month of pregnancy.