

(1) PLACE OF BIRTH

County of *Sp. Hatteras*Township of *N. Hatteras*

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

Registration District No. *4010*

File No.—For State Register Only

*5306*Registered No. *7*
(For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX OF CHILD <i>Boy</i>	(4) Twin or Triplet <i>C</i> To be reported only in case of Twin or Triplet	(5) Number in order of birth <i>C</i>	(6) Age of child at birth <i>yes</i>	(7) DATE OF BIRTH <i>Feb 1 1923</i> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <i>Choice Rosemond</i>	(14) NAME BEFORE MARRIAGE <i>Florine Taint</i>	(9) PRESENT RESIDENCE OF FATHER <i>More SC R 2</i>	(15) PRESENT RESIDENCE OF MOTHER <i>More SC R 2</i>
(10) COLOR OR RACE <i>B</i>	(11) AGE AT LAST BIRTHDAY <i>23</i> (Year)	(16) COLOR OR RACE <i>B</i>	(17) AGE AT LAST BIRTHDAY <i>21</i> (Year)
(12) BIRTHPLACE <i>SC</i>	(18) OCCUPATION <i>Farming</i>	(18) BIRTHPLACE <i>SC</i>	(19) OCCUPATION <i>House & farm work</i>
(20) Number of children born to mother, including present birth <i>2</i>	(21) Number of children of this mother now living, including present birth <i>2</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *10:00 AM* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature of)

(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 22 is signed by mark)

(27) Filed

Feb 25 1923

(28)

W. H. Hatcher
Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of children born before the fifth month of pregnancy.