

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

486: 226

Registration District No. 3611

Registered No. 9
(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

Lexas Mack

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

(3) SEX OF CHILD

Girl

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

yes

(7) DATE OF BIRTH
(Name of Month) (Day) (Year)
Feb. 26, 23

FATHER

(8) FULL NAME

Jacob Mack

(9) PRESENT POSTOFFICE OF FATHER

Orangeburg

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

27

(12) BIRTHPLACE

Orangeburg Co

(13) OCCUPATION

Farmer

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

5

MOTHER

(14) NAME BEFORE MARRIAGE

Hattie McDonald

(15) PRESENT POSTOFFICE OF MOTHER

Orangeburg

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

28

(18) BIRTHPLACE

Orangeburg Co

(19) OCCUPATION

Housewife

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(23) (Signature)

Alice D. Wright

(24) State whether Physician or Midwife

Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Mch 4 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.