

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Townor
City of *Summerville*

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only

21095

Registration District No. *23A* Registered No. *371*

(For use of Local Registrar)

3) BOY OR
GIRL *M.*(4) Twin
or Triplet(5) Number in
order of birth(6) Age
Parent(7) DATE OF
BIRTH(Name of Month) (Day) (Year)
*July 19 23*FATHER
*Wm. Holmes Perry*MOTHER
*Aggie Carolyn Taylor*9) PRESENT
RESIDENCE
OF FATHER(10) PRESENT
RESIDENCE
OF MOTHER(10) COLOR
OR
RACE *N.*(11) AGE AT LAST
BIRTHDAY(10) COLOR
OR
RACE *N.*(11) AGE AT LAST
BIRTHDAY

(12) BIRTHPLACE

(12) BIRTHPLACE

(13) OCCUPATION

(13) OCCUPATION

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

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. (Hour *9:30* M. or P. M.)(23) (Signature) *H. M. Jones*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplement-
al report)

(26) Witness

(Signature of Witness necessary only
when question 22 is signed by mark)(27) Filed *July 30 1923*

(28)

Local Registrar

*When there was no attending physician or midwife, when 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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