

## (1) PLACE OF BIRTH

County of Saunderburg  
Township of Baunty

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

12923

City of ..... Registration District No. 400 Registered No. 75  
(For use of Local Registrar)City of ..... (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 Charles Althorn If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth  
to be entered only in event of twins or triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH May 11 1923  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Lang Althorn(9) PRESENT POSTOFFICE OF FATHER Sumner SC(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 32  
(Years)(12) BIRTHPLACE Baunty(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

## MOTHER

(14) NAME BEFORE MARRIAGE Wiley Higgins(15) PRESENT POSTOFFICE OF MOTHER Sumner SC(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 31  
(Years)(18) BIRTHPLACE Columbia

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born as 10 P. M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife Sumner SC

When name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 23 (28) John Coover 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.

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