

(1) PLACE OF BIRTH

County of OrangeburgTownship of Orangeburgor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 3605

File No.—for State Registrar Only

29615

Registered No. 3605
(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 Clarebell SlaterIf child is not yet named, make
supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet 24 (5) Number in order of birth 4 (6) Are Parents Married Yes (7) DATE OF BIRTH SEP 4 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam Slater(9) PRESENT POSTOFFICE OF FATHER parler(10) COLOR OR RACE colord(11) AGE AT LAST BIRTHDAY 49
(Years)(12) BIRTHPLACE Orangeburg, S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 24

MOTHER.

(14) NAME BEFORE MARRIAGE Grace Hardy(15) PRESENT POSTOFFICE OF MOTHER parler(16) COLOR OR RACE colord(17) AGE AT LAST BIRTHDAY 30
(Years)(18) BIRTHPLACE Orangeburg, S.C.(19) OCCUPATION wife(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 a live at 3 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. A. Green(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife parlerGiven name added from a supplement-
tal report(26) Witness A. A. Green
(Signature of Witness necessary only when question 23 is signed by mother)(27) Filed Sept 12 1923 (28) RegistrarWhen there was no attending physician or midwife, then the father, householder, etc., should sign the report.
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.