

(1) PLACE OF BIRTH

County of Richland

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18023

Township of

or

Inc. Town of

or

City of

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

Registration District No. 38Registered No. H 94

(For use of Local Registrar)

St. Ward

2) Full Name of Child

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? 2(5) Number in order of birth 2

To be answered only in case of Twin or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH June 20 1923

(Name of Month) (Day) (Year)

(8) FATHER'S NAME Benjamin Tibbitts Setzer(9) MOTHER'S NAME BEFORE MARRIAGE Miss Edna H. H. H.(10) PRESENT POSTOFFICE OF FATHER City(11) PRESENT POSTOFFICE OF MOTHER City(12) COLOR OR RACE W(13) AGE AT LAST BIRTHDAY 31 (Years)(14) COLOR OR RACE W(15) AGE AT LAST BIRTHDAY 27 (Years)(16) BIRTHPLACE N.C.(17) BIRTHPLACE N.C.(18) OCCUPATION Barber(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth two(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was born as born on the date above stated. (Hour A. M. or P. M.)(23) (Signature) A. J. Matthews, M.D.

(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 23 is signed by mark)

(27) Filed July 18, 1923 (28) A. J. Matthews 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.

Before the fifth month of pregnancy.