

(1) PLACE OF BIRTH

County of ThurmanTownship of Thurman

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only

6926

Registration District No. 2008Registered No. 3
(For use of Local Registrar)

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

(2) Full Name of Child Nathan Maple If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet 1 (5) Number in order of birth 1 (6) Sex Male (7) DATE OF BIRTH Feb 11 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Raywood Maple(9) PRESENT POSTOFFICE OF FATHER Decatur, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36 (Year)(12) BIRTHPLACE Decatur, S.C.(13) OCCUPATION Laborer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Carter(15) PRESENT POSTOFFICE OF MOTHER Decatur, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Year)(18) BIRTHPLACE Decatur, S.C.(19) OCCUPATION Housewife(20) 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 alive at 4 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Frederick M. Carter(24) State whether Physician or Midwife (25) Address of Physician or Midwife Decatur, S.C.

Given name added from a supplemental report

(26) Witness Frederick M. Carter
(Signature of Witness not necessary when question 22 is signed)(27) Filed 2-11-23 (28)

When child is not yet named, supplemental report as directed

If a child dies before seven days, it shall be reported as a stillbirth