

(1) PLACE OF BIRTH

County of York
Township of Theresa
or
Inc. Town of Theresa
or
City of Theresa

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

Registration District No. 4407

No. 38100

Registered No. 154
(For use of Local Registrar)

(2) Full Name of Child

(a) ☒ BOY OR GIRL Boy (b) ☐ Twin or triplet (c) ☐ Number in order of birth (d) ☐ Sex (e) ☒ If child is not yet named, make supplemental report as directed (f) DATE OF BIRTH 11/22/23 (Month) (Day) (Year)

FATHER
(1) FULL NAME James S. L.
(2) PRESENT RESIDENCE OF FATHER Theresa
(3) COLOR OR RACE W (4) AGE AT LAST BIRTHDAY 37 (Years)
(5) BIRTHPLACE Theresa
(6) OCCUPATION Farmer
(7) Number of children born to mother, including present birth 4

MOTHER
(1) NAME BEFORE MARRIAGE Janie Norton
(2) PRESENT RESIDENCE OF MOTHER Theresa
(3) COLOR OR RACE W (4) AGE AT LAST BIRTHDAY 22 (Years)
(5) BIRTHPLACE Theresa
(6) OCCUPATION Housewife
(7) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.

(29) (Signature) Dr. J. S. L. (Born alive or stillborn) (How A. M. or P. M.)
(30) State whether Physician or Midwife Physician (31) Address of Physician or Midwife Theresa

Given name added from a supplemental report

(32) Witness (Signature of Witness necessary only when question 28 is signed by mother)
(33) Filed Dec - 2 - 23 (34) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return before the fifth month of pregnancy. No report is desired of stillbirths.
If a child breathes even once, it must not be reported as stillborn.
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