

1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

8780

Registration District No. 1603

Registered No. 14
(For use of Local Registrar)

County of Florence

Township of Manning

Inc. Town of

City of

(No. St. Ward)

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

(2) Full Name of Child Addie I. Malls

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

3) BOY OR GIRL

Twins or Triplets

(4) Number in order of birth

(5) Are Parents Married? Yes

(7) DATE OF BIRTH

Jan 21 1923
(Month of Month) (Day) (Year)

FATHER.

MOTHER.

6) FULL NAME

(14) NAME BEFORE MARRIAGE

9) PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(18) BIRTHPLACE

(13) OCCUPATION

(19) OCCUPATION

20) Number of children of mother, including present birth

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 A. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(When name is taken from a supplemental report)

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mar 12 1923

(28) B. G. Williams

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Registrar

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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