

(1) PLACE OF BIRTH

County of

Township of

or

In. Town of

or

City of

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

(2) Full Name of Child

(3) BOY OR GIRL

girl

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Feb. 18, 1923

(8) FULL NAME

Nathan Cornel

(9) PRESENT POSTOFFICE OF FATHER

Florence S.C. Rte 2

(10) COLOR OR RACE

colored

(11) AGE AT LAST BIRTHDAY

10

(12) BIRTHPLACE

Darlington County

(13) OCCUPATION

Farming

(14) Number of children born to mother, including present birth

8

(14) NAME BEFORE MARRIAGE

Addie Gray

(15) PRESENT POSTOFFICE OF MOTHER

Florence S.C. Rte 2

(16) COLOR OR RACE

colored

(17) AGE AT LAST BIRTHDAY

30

(18) BIRTHPLACE

Darlington County

(19) OCCUPATION

House wife

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

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

(26) Filed

(27)

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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