

(1) PLACE OF BIRTH

County OrangeburgTownship of City

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

4800

Registration District No. 36-ARegistered No. 40
(For use of Local Registrar)

(No. Mt.; Ward)

(2) Full Name of Child Virginia Bell Edwin If child is not yet named, make supplemental report as directed(3) BOY or GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 10 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Edwin(9) PRESENT POSTOFFICE OF FATHER Orangeburg, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Year)(12) BIRTHPLACE Orangeburg County(13) OCCUPATION Chauffeur(14) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Virginia Hubert(15) PRESENT POSTOFFICE OF MOTHER Orangeburg, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Year)(18) BIRTHPLACE Charleston, S.C.(19) OCCUPATION Domestic(20) 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 13 White at 10:45 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Julius R. Parker M.D. (24) Since whether Physician or Midwife Physician (25) Address of Physician or Midwife Orangeburg, S.C.

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

(27) Filed 9-9-23 (28) 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.