

(1) PLACE OF BIRTH

County of Spencer BTownship of W-Gor  
In Town of .....or  
(City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4016

File No.—For State Registrar Only

12144Registered No. 17  
(For use of Local Registrar)

(No. .... St. .... Ward)

(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 WORTHY

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

(3) SEX OF CHILD

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth 1(6) Are Parents Married no

(7) DATE OF BIRTH

April 2, 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE W

(11) BIRTHPLACE

(12) OCCUPATION

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Bruney H. ...(15) PRESENT POSTOFFICE OF MOTHER Palmetto ...(16) COLOR OR RACE W(17) BIRTHPLACE W-G

(18) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was A 23 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) W. J. ...

(22) State whether Physician or Midwife.

(23) Address of Physician or Midwife

Give name added from a supplemental report

(24) Witness

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

(25) Filed Apr. 10, 1923(26) J. W. Hatchett  
Local RegistrarWhen 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.