

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

27543

Registration District No. 9.02

Registered No. 476

(For use of Local Registrar)

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

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

## (2) Full Name of Child

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

(3) BOY OR GIRL

2

(4) Twin or Triplet?

To be covered only in case of Twin or Triplet

(5) Number in order of birth

9

(6) Sex of Parent

Boy

(7) DATE OF BIRTH

Sept 7 1923

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

Peter W. W. W.

(9) PRESENT POSTOFFICE OF FATHER

Little Rock

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

27

(12) BIRTHPLACE

E. C.

(13) OCCUPATION

Farmer

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

9

## MOTHER

(14) NAME BEFORE MARRIAGE

Hester W. W.

(15) PRESENT POSTOFFICE OF MOTHER

Little Rock

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

30

(18) BIRTHPLACE

E. C.

(19) OCCUPATION

Housewife

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

8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was .... at .... P. M., on the date above stated.

(23) (Signature)

Caroline S. S.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 10 1923

(28)

J. J. W. W. W.

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.