CERTIFICATE OF BIRTH

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

No. ... — For State Registrar Only
39894

(1) PLACE OF BIRTH

County of *Dillon*

Township of ....

or Inc. Town of *Dillon*

or City of ....

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

Registration District No. *16* — Registered No. *59*
(For use of Local Registrar)

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

(2) Full Name of Child *Cecil Logan*

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

(3) BOY OR GIRL *Boy*	(4) Twin or Triplet	(5) Number in order of birth
	To be answered only in event of Twins or Triplets	

(6) Are you ... *yes*

(7) DATE OF BIRTH *July 29 1923*
(Month) (Day) (Year)

FATHER.

(8) FULL NAME *S. F. Logan*

(9) PRESENT RESIDENCE OF FATHER *Dillon, S.C.*

(10) COLOR OR RACE *white*   (11) AGE AT LAST BIRTHDAY *27* (Years)

(12) BIRTHPLACE *S. C*

(13) OCCUPATION *Mechanic*

MOTHER.

(14) MAIDEN NAME *Pearl Boswell*

(15) PRESENT RESIDENCE OF MOTHER *Dillon.*

(16) COLOR OR RACE *white*   (17) AGE AT LAST BIRTHDAY *23* (Years)

(18) BIRTHPLACE *North Carolina*

(19) OCCUPATION *Housewife*

(20) Number of children born to this mother, including present birth *1 - one*

(21) Number of children of this mother now living, including present birth *1 one*

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 . M. or P. M.)
on the date above stated.

(23) (Signature) *Dr. Michaux*

(24) State whether Physician or Midwife *Physician*

(25) Address Physician or Midwife *Dillon, S.C.*

Given name added from a supplemental report

.... 19...... Registrar

(26) Witness ....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed *Dec 2*. 1923 (28) *B. F. Williams* 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.