

(1) PLACE OF BIRTH

County of Durham

Township of

or Inc. Town of H. George

City of

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

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

28133

Registration District No. 1.7.03

Registered No. 26
(For use of Local Registrar)

(2) Full Name of Child Baby Van

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

(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 2 (6) Are Parents Married Yes (7) DATE OF BIRTH July 23
(Month) (Day) (Year)

FATHER
(8) FULL NAME Harv Van
(9) PRESENT POSTOFFICE OF FATHER Mechanic
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24
(12) BIRTHPLACE SC
(13) OCCUPATION George & Co.
(20) Number of children born to mother, including present birth 2

MOTHER
(14) NAME BEFORE MARRIAGE Hattie Pickens
(15) PRESENT POSTOFFICE OF MOTHER George & Co
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24
(18) BIRTHPLACE SC
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:40 PM on the date above stated.
(If alive or stillborn (Hour, M., or P. M.))

(23) (Signature) A. S. Bell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife George & Co.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct. 10 1923

(28) Miss Betty G. ...

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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