

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town of

or
City of Union

(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

Registration District No. 3-C

No. - For State Registrar Only
19772

Registered No. 23
(For use of Local Registrar)

(2) Full Name of Child

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

3) BOY OR GIRL?

4) Twin or Triplet?

To be answered only in case of Twin or Triplet

5) Number in order of birth

6) Are Parents Married?

7) DATE OF BIRTH
(Month of Birth) / (Day) (Year)

FATHER.

8) FULL NAME

9) PRESENT POSTOFFICE OF FATHER

10) COLOR OR RACE

11) AGE AT LAST BIRTHDAY

(Years)

12) BIRTHPLACE

13) OCCUPATION

20 Number of children born to mother, including present birth

MOTHER.

14) NAME BEFORE MARRIAGE

15) PRESENT POSTOFFICE OF MOTHER

16) COLOR OR RACE

17) AGE AT LAST BIRTHDAY

(Years)

18) BIRTHPLACE

19) OCCUPATION

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

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. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(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 9-13-1923

(28) Lillian Russell 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.

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