

(1) PLACE OF BIRTH

County of LexingtonTownship of Hollow CreekIn Town of
or

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

41590

Registration District No. 308 Registered No. 45
(For use of Local Registrar)

(2) Full Name of Child

0

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

(1) SEX OR
GENDERMale(4) Twin
or triplet?

6

To be marked only in case of Twin or Triplet

(5) Number in
order of birth

1

(6) Are
Parents
Married?(7) DATE OF
BIRTHOct 20 23

(Name & Month) (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

(14) Number of children born to
mother, including present birth(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE(17) AGE AT LAST
BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at Lexington, S.C.
(Born alive or stillborn) (Hour & M. or P. M.)

(22) (Signature)

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

(25) Given name added from a supplement-
al report

(26) Witness

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

(27) Filed

June 12, 1924

(28)

J. H. Shull

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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