

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Columbia
 OF
 Inc. Town of.....
 OF
 City of

CERTIFICATE OF BIRTH

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

No. 10.—For State Register Only
8044

Registration District No. 3603 Registered No. 4
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Are Parents Married Yes (6) DATE OF BIRTH Feb. 22, 1923
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Henry Pedro
 (9) PRESENT POSTOFFICE OF FATHER Cope SC
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 29
 (12) BIRTHPLACE Orbg Co
 (13) OCCUPATION Farmer
 (16) Number of children born to mother, including present birth 1

MOTHER
 (14) NAME BEFORE MARRIAGE Anna Labord
 (15) PRESENT POSTOFFICE OF MOTHER Cope SC
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 26
 (18) BIRTHPLACE Bartholomew Co
 (19) OCCUPATION Farm Helper
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Margaret Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Cope SC

Given name added from a supplemental report

(26) Witness M. A.
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mar 1st 1923 (28) M. A. Arday
 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.