

(1) PLACE OF BIRTH

County of

Township of

OF

Inc. Town

OF

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

19703

Registration District No. 46

Registered No. 71

(For use of Local Registrar)

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

(2) Full Name of Child

1. SEX

BOY

GIRL

2. TWIN

Yes

No

3. NUMBER IN ORDER OF BIRTH

1

2

3

4. ARE PARENTS MARRIED

Yes

No

5. DATE OF BIRTH

July 7, 1923

(Name of Mother)

(Day)

(Year)

6. FULL NAME OF FATHER

Charles F. Farnum

7. PRESENT POSTOFFICE OF FATHER

Alendale, S.C.

8. COLOR OR RACE

White

9. BIRTHPLACE

S.C.

10. OCCUPATION

Merchant

11. NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH

3

12. PRESENT POSTOFFICE OF MOTHER

Alendale, S.C.

13. COLOR OR RACE

White

14. BIRTHPLACE

S.C.

15. OCCUPATION

Merchant

16. NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was
 on the date above stated.

(29) (Signature)

(30) State whether Physician or Midwife

(31) (Signature of Physician or Midwife)

Given name added from a supplemental report

(32) Witness

(Signature of Witness necessary only when question 28 is signed by mark)

(33) Date

July 10, 1923

(34) Local Registrar

F. H. B. and M. D.

*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.