

PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only

38855

County of Beuch Springs
Municipality of Springburg
or
In Town of

Registration District No. 4000

Registered No. 114
(For use of Local Registrar)

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

(1) Full Name of Child Frank M. Pitman If child is not yet named, make supplemental report as directed

(2) SEX OF CHILD Boy (3) Type or Triple? To be covered only in event of Twins or Triplets (4) Number to order of birth 1st (5) Are Parents Married? Yes (6) DATE OF BIRTH Sept 6, 1923 (Name of Month) (Day) (Year)

FATHER.
(7) Full Name Frank M. Pitman
(8) Present Postoffice of Father Apalachicola
(9) COLOR OR RACE White (10) AGE AT LAST BIRTHDAY 27 (Year)
(11) BIRTHPLACE Greece, Ga.
(12) OCCUPATION Mill Foreman
(13) Number of children born to mother, including present birth 1 1/4

MOTHER.
(14) NAME BEFORE MARRIAGE Echel Mae Mortimer
(15) PRESENT POSTOFFICE OF MOTHER Apalachicola
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Year)
(18) BIRTHPLACE Tucuman, Arg.
(19) OCCUPATION Housework
(20) Number of children of this mother now living, including present birth 1 1/4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 7 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) M. R. Ransom (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Give name added from a supplemental report

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

(26) Filed Sept 12, 1923 (27) 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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