

(1) PLACE OF BIRTH
 County of Orangeburg
 Township of Belton
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
19688

Registration District No. 3608 Registered No. 33
 (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.)

(2) Full Name of Child Julia Elizabeth Hirsch If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH May 20 1927
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Geo. M. Hirsch
 (9) PRESENT POSTOFFICE OF FATHER Danbury, Conn.
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 19 (Years)
 (12) BIRTHPLACE Conn.
 (13) OCCUPATION

MOTHER.
 (14) NAME BEFORE MARRIAGE Lina O. Hughes
 (15) PRESENT POSTOFFICE OF MOTHER Wessex, S.P.
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE S.P.
 (19) OCCUPATION none

(20) Number of children born to mother, including present birth }!
 (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 born alive at Wessex, S.P. (Born alive or stillborn) (How A. M. or P. M.)
 on the date above stated.

(23) (Signature) Geo. J. Hirsch MD
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Wessex, S.P.

Given name added from a supplemental report
 191.....

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed June 10 1927 (28) W. J. Livingston 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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REG. W. OF COLUMBIA. THIS FORM, No. 1, THE OFFICE, No. 2, etc., IN QUESTION 2.