

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

No. for State Registrar Only
3806C X.

Registration District No. **4424** Registered No. **108**
 (For use of Local Registrar)

(No. St. Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.
 If child is not yet named, make supplemental report as directed

Name of Child

(1) Sex **M** (2) Twin or Triplet **X** (3) Number in order of birth **X** (4) Age **3** (5) DATE OF BIRTH **10-7-23**
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

Nathaniel White -
Rev. His Dr. R. F. 2
Col (11) AGE AT LAST BIRTHDAY **20**
 (Years)

York Co

James Hand
12

MOTHER.

(14) NAME BEFORE MARRIAGE **Rebecca Garner**

(15) PRESENT POSTOFFICE OF MOTHER **P. H. R. F. 2. 3.**

(16) COLOR OR RACE **Col** (17) AGE AT LAST BIRTHDAY **18**
 (Years)

(18) BIRTHPLACE **York Co**

(19) OCCUPATION **Farm Hand**

(20) Number of children of this mother now living, including present birth **12**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) **James Hand** (23) Address of Physician or Midwife

(24) State whether Physician or Midwife

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed **17/11/23** (27) Local Registrar.

Name added from a supplemental report

If 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.