

Form No. 1

(1) PLACE OF BIRTH

County of MarionTownship of Red Hillor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child

Estelle Racer

File No.—For State Registrar Only

33242

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2307Registered No. 49
(For use of Local Registrar)

(No. St. Ward)

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet

x

(5) Number in order of birth

x

(6) Are Parents Married

No

(7) DATE OF BIRTH

Sept 17, 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Wm Racer

(9) PRESENT POSTOFFICE OF FATHER

Beaufortville

(10) COLOR OR RACE

Wh.

(11) AGE AT LAST BIRTHDAY

21

(Years)

(12) BIRTHPLACE

Marion Co.

(13) OCCUPATION

Textile

MOTHER.

(14) NAME BEFORE MARRIAGE

Rena Bess Woodbury

(15) PRESENT POSTOFFICE OF MOTHER

Beaufortville

(16) COLOR OR RACE

Wh.

(17) AGE AT LAST BIRTHDAY

19

(Years)

(18) BIRTHPLACE

Marion Co.

(19) OCCUPATION

Homemaker

(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 12 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Dr. J. H. Evans

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Beaufortville

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Mar 8 23

(28)

H. H. Evans
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.