

THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.

Form No. 8

(1) PLACE OF BIRTH

County of Queeny
Township of Dish
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

41303

Registration District No. 290 Registered No. 130
(Per use of Local Registrar.)

(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)

(2) Full Name of Child

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 21 1923
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Ora Burnside
(9) PRESENT POSTOFFICE OF FATHER Cumy SC
(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE SC
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 3

MOTHER
(14) NAME BEFORE MARRIAGE Maggie Davis
(15) PRESENT POSTOFFICE OF MOTHER Cumy SC
(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE SC
(19) OCCUPATION Domestic
(21) Number of children of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 2:5 M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. J. Dack
(24) State whether Physician or Midwife Physician (25) Signature of Physician or Midwife Gray Cant

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed "mark")
(27) Filed Jan 8 1924 Local Registrar J. C. Mahan

*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.