

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

FILED IN BOOK NO. 155
 84577

(1) PLACE OF BIRTH

County of Charleston
 Township of West
 or
 Inc. Town of West
 or
 City of West
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 300

Registered No. 155
 (For use of Local Registrar)

(2) Full Name of Child

(a) SEX OF CHILD	(b) Type of Birth	(c) Number in order of birth	(d) Age of Child	(e) DATE OF BIRTH
MALE	At Home	1st	Years	Dec 8 1923
FATHER.			MOTHER.	
(1) FULL NAME			(14) NAME BEFORE MARRIAGE	
(2) PRESENT POSTOFFICE OF FATHER			(15) PRESENT POSTOFFICE OF MOTHER	
(10) COLOR OR RACE			(17) AGE AT LAST BIRTHDAY	
(11) BIRTHPLACE			(18) COLOR OR RACE	
(12) OCCUPATION			(19) BIRTHPLACE	
(13) OCCUPATION			(20) OCCUPATION	
(21) Number of children born to mother, including present birth			(22) Number of children of this mother now living, including present birth	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) (Signature) J. P. H. H. (25) Address of Physician or Midwife Local Registrar
 (26) State whether Physician or Midwife

Given name added from a supplemental report

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

(29) Signed Dec 8 1923 (30) J. P. H. H. Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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