

## (1) PLACE OF BIRTH

County of Malheur  
 Township of Brigida  
 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  
**7868**

Registration District No. 3382

Registered No. 13  
 (For use of Local Registrar)

## (2) Full Name of Child

1. BOY OR GIRL Boy  
 4. Twin or Triplet? No  
 5. Number in order of birth 1  
 To be covered only in event of Twin or Triplet

FATHER.  
 6. FULL NAME W E Cawley

7. PRESENT POSTOFFICE OF FATHER Glio NC

8. COLOR OR RACE W  
 9. AGE AT LAST BIRTHDAY 30  
 (Years)

10. BIRTHPLACE SC

11. OCCUPATION Farmer

12. Number of children born to mother, including present birth 1

13. DATE OF BIRTH 2/28 19 23  
 (Name of Month) (Day) (Year)

MOTHER.  
 14. NAME BEFORE MARRIAGE Lela Quirk

15. PRESENT POSTOFFICE OF MOTHER Glio NC

16. COLOR OR RACE W  
 17. AGE AT LAST BIRTHDAY 35  
 (Years)

18. BIRTHPLACE SC

19. OCCUPATION Domestic

20. Number of children of this mother now living, including present birth 5

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was... at 11 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James G. Tate  
 (24) State whether Physician or Midwife Midwife  
 (25) Address of Physician or Midwife Glio NC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother) James G. Tate

(27) Filed 30 19 28 (28) Local Registrar. James G. Tate

\*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.