

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only

12708

County of Certinallin

Township of Certinallin

or Town of Certinallin

City of Certinallin

Registration District No. 30

Registered No. 44

(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.)

(2) Full Name of Child Mary Elizabeth

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

3 SEX OR GENDER girl

(4) Twin or Triplet

(5) Number in order of birth 2
To be answered only in case of Twin or Triplet

(6) Are Parents Married Yes

(7) DATE OF BIRTH Mar 25 1923
(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Robert B. B. B.

9 PRESENT POST OFFICE OF FATHER Certinallin

10 COLOR OR RACE C

(11) AGE AT LAST BIRTHDAY 2
(Year)

12 BIRTHPLACE Certinallin

13 OCCUPATION farmer

20 Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Gertrude Washington

(15) PRESENT POST OFFICE OF MOTHER Certinallin

(16) COLOR OR RACE C

(17) AGE AT LAST BIRTHDAY 22
(Year)

(18) BIRTHPLACE Certinallin

(19) OCCUPATION farmer

(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 (Born alive or stillborn) Hour A. M. or P. M. 4 on the date above stated.

(23) (Signature) Dr. J. M. B.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Certinallin

Given name added from a supplemental report

(26) Witness

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

(27) Filed May 23 1923

(28) 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.

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