

(2) PLACE OF BIRTH

County of KershawTownship of Driftor
Inc. Town ofCity of Camden

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

7411

Registration District No. 2701 Registered No. 14
(For use of Local Registrar)(No. 914 Chestnut St.; Ward)(2) Full Name of Child. Frank Valentine If child is not yet named, make supplemental report as directed(1) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH Feb. 14, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Brisbane(9) PRESENT POSTOFFICE OF FATHER Camden(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 32
(Years)(12) BIRTHPLACE Kershaw Co(13) OCCUPATION Public Works(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Lee McLeod(15) PRESENT POSTOFFICE OF MOTHER Camden SC(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 21
(Years)(18) BIRTHPLACE Kershaw(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at 109 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) W. H. Ch. Burr(23) State Physician (24) Address of Physician or Midwife Camden

Given name added from a supplemental report

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

(26) Filed Mar 19 1923 (27) Local Registrar

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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