

UNITED STATES DEPARTMENT OF HEALTH, WITH UNIFORMS FOR THE STATES OF SOUTH CAROLINA, AND WITH THE
 IN 2-2-23 CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANKET FOR EACH CHILD, AND MARK THE
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Berkley
 Township of 2nd
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

No. 34885

Registration District No. 703 Registered No.
 (For use of Local Registrar)

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

(2) Full Name of Child Theodore Fiddie

(3) SEX boy (4) Type or (5) Number in one (6) yes (7) DATE OF BIRTH Nov. 12, 23
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Theodore Fiddie
 (9) PRESENT RESIDENCE OF FATHER Wilmington
 (10) COLOR white (11) AGE AT LAST BIRTHDAY 27
 (12) BIRTHPLACE LA
 (13) OCCUPATION Lab. in
 (14) Number of children born to mother, including present birth 1

MOTHER.
 (15) NAME BEFORE MARRIAGE William Fiddie
 (16) PRESENT RESIDENCE OF MOTHER Wilmington
 (17) COLOR white (18) AGE AT LAST BIRTHDAY 27
 (19) BIRTHPLACE LA
 (20) OCCUPATION Lab. in
 (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 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. Fiddie (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Wilmington

Given name added from a competent report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Date Nov. 20, 23 (28) W. Fiddie

When there was no attending physician or midwife, then the father, householder, etc., must sign. If a child breathes even once, it must not be reported as stillborn. No report is to be made before the birth month of pregnancy.