

Form No. 8

(1) PLACE OF BIRTH

1/4/24  
CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE NO. For State Registrar Only

14902

County of LexingtonTownship of Black Creek

or

Inc. Town of \_\_\_\_\_

or

(City of \_\_\_\_\_)

Registration District No. 3100Registered No. 13

(For use of Local Registrar)

(No. 10/1/23 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 \_\_\_\_\_

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth 1(6) Age Presently Married? yes

(7) DATE OF BIRTH

May 23

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

John Cupsted.

(9) PRESENT POSTOFFICE OF FATHER

Pelion

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

40 (Years)

(12) BIRTHPLACE

Lexington Co

(13) OCCUPATION

Farmer.(20) Number of children born to mother, including present birth 1

## MOTHER

(14) NAME BEFORE MARRIAGE

Wona Rish

(15) PRESENT POSTOFFICE OF MOTHER

Pelion

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

29 (Years)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

House wife.(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 alive at \_\_\_\_\_ M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. J. Butts

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Pelion, S.C.

Given name added from a supplemental report

(26) Witness \_\_\_\_\_

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

(27) Filed May 24 1923A. C. Gantt

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.