

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

Registration District No.

(No. 107 W. Glover)

File No. - For State Registrar Only
22049Registered No. 132
(For use of Local Registrar)

St. Ward

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

(2) Full Name of Child

BOY OR GIRL

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

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

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) BIRTHPLACE

(12) OCCUPATION

(13) Number of children born to mother, including present birth

(14) AGE AT LAST BIRTHDAY 32
(Year)

(15) NAME BEFORE MARRIAGE Lena Gold

(16) PRESENT POSTOFFICE OF MOTHER Orangeburg S.C.

(17) COLOR OR RACE Negro

(18) BIRTHPLACE St. Matthews S.C.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was on the date above stated.

(22) (Signature) Vance W. Whitman

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Orangeburg S.C.

Give name added from a supplemental report

(25) Witness

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

(26) Registrar

(27) 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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