

12/15/23. 3/10/24 3/25/24

(1) PLACE OF BIRTH

County of Orangeburg
Township of Rocky Brook
or
Inc. Town of

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

No. 33482

Registration District No. 3.6.15 Registered No. 10
(For use of Local Registrar)

City of (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 Carleather Isaac If child is not yet named, make supplemental report as directed

(3) SEX girl (4) TYPE in labor (5) Number in order of birth 1 (6) Age 90 (7) DATE OF BIRTH Sept 15 - 23
(Month) (Day) (Year)

FATHER.
(8) FULL NAME Luke Isaac
(9) PRESENT RESIDENCE OF FATHER North
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24
(Year)
(12) BIRTHPLACE South Carolina
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth 1

MOTHER.
(15) NAME BEFORE MARRIAGE Pirl Staley
(16) PRESENT RESIDENCE OF MOTHER North SC.
(17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 2-2
(Year)
(19) BIRTHPLACE North Carolina
(20) OCCUPATION Domestic
(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 Borned alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lula Chesson
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife North SC

Given name added from a supplemental report
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19

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed (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.