

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

7950

## 1) PLACE OF BIRTH

County of Lumburg  
Township of no 1  
City of no 1  
or  
Town of no 1  
or  
City of no 1

Registration District No. 3410Registered No. 6  
(For use of Local Registrar)(No. 6 of no 1 Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
2) Full Name of Child Nathanial Bookman If child is not yet named, make supplemental report as directed

BOY OR GIRL

Boy

(4)

no 1

(5)

Number in order of birth

3

(6)

Are Parents Married?

Yes

(7)

DATE OF BIRTH

Feb. 27, 1923

(8)

(Name of Month)

(Day)

(Year)

271923

(9)

MOTHER.

(10)

NAME BEFORE MARRIAGE

Annie Myers

(11)

PRESENT POSTOFFICE OF MOTHER

Prosser

(12)

COLOR OR RACE

White

(13)

BIRTHPLACE

Prosser S.C.

(14)

OCCUPATION

Home Wife

(15)

Number of children of this mother now living, including present birth

3

FULL NAME

Jenkins Bookman

(16)

PRESENT POSTOFFICE OF FATHER

Prosser S.C.

(17)

COLOR OR RACE

White

(18)

BIRTHPLACE

Prosser S.C.

(19)

OCCUPATION

Primer Mill - Laborer

(20)

Number of children born to mother, including present birth

3

(21)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22)

I hereby certify that I attended the birth of this child, who was born alive at 1:14 P.M. on the date above stated. (Hour A. M. or P. M.)

(23)

(Signature)

Jacob S. Waller

(24)

Address of Physician or Midwife

Prosser S.C.

(25)

Witness

(26)

Filed Dec 12, 1923 (27)

Local Registrar

(28)

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.

(29)

(30)

(31)

(32)

(33)

(34)

(35)