

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registration

40382

Registration District No. 2/A

Registered No. 80

(For use of Local Registrar)

(No. Ward)

(2) Full Name of Child

Lester Stirling

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

(a) BOY OR GIRL

(b) Twin or Triplet

(c) Number in order of birth

(d) Are Parents Married

(e) DATE OF BIRTH

July 28, 1923

FATHER

MOTHER

(1) FULL NAME

Lester Stirling

(14) NAME OF MARRIAGE

Lester Stirling

(2) PRESENT POSTOFFICE OF FATHER

Georgetown, S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Georgetown, S.C.

(3) COLOR OR RACE

White

(4) AGE AT LAST BIRTHDAY

26

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23

(5) BIRTHPLACE

Memphis, Tenn.

(18) BIRTHPLACE

Charleston, S.C.

(6) OCCUPATION

Teacher

(19) OCCUPATION

Housewife

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

One

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was

alive

on the date above stated.

born alive or stillborn

(22) (Signature)

(23) State of

Physician or midwife

(24) Address of Physician or midwife

(25) Given name added from a supplemental report

(26) Witness

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

(27) Date

Jan 24, 1924

(28) Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make report.

If a child breathes even once, it must not be reported as stillborn. No report is desired or required before the fifth month of pregnancy.

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