

(1) PLACE OF BIRTH

County of Horry
 Township of Civilian
 or
 Inc. Town of.....
 or
 City of.....

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

No. for State Register Only
28142

Registration District No. 1704 Registered No. 18
 (For use of Local Registrar)

(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

(1) SEX OR CHILD Boy (2) Twin or Triplet No (3) Number in order of birth 1 (4) Are Parents Married Yes (5) DATE OF BIRTH Sept. 25, 23
 (Name of Month) (Day) (Year)

FATHER.
 (6) FULL NAME Levi Warren
 (7) PRESENT POST OFFICE OF FATHER Harleyville
 (8) COLOR OR RACE Black (9) AGE AT LAST BIRTHDAY 31
 (10) BIRTHPLACE Harleyville
 (11) OCCUPATION Mill Hand
 (12) Number of children born to mother, including present birth 1

MOTHER.
 (13) NAME BEFORE MARRIAGE Cladye Puckett
 (14) PRESENT POST OFFICE OF MOTHER Harleyville
 (15) COLOR OR RACE Black (16) AGE AT LAST BIRTHDAY 17
 (17) BIRTHPLACE Harleyville
 (18) OCCUPATION House maker
 (19) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (21) (Signature) M. D. Woodward
 (22) State whether Physician or Midwife Physician (23) Address of Physician or Midwife Harleyville

Given name added from a supplemental report

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

Martin B. Woodward, M.D.

(25) Filed Oct. 9, 1923 (26) W. M. Lott Local Registrar

When attending in person as 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 stillbirth before the fifth month of pregnancy.