

(1) PLACE OF BIRTH

County of Kenilworth
Township of Lat. R. C. H.
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 Registrar Only
4308

Registration District No. 2902 Registered No. 9
(For use of Local Registrar)
St.; Ward

(2) Full Name of Child

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

(3) BOY GIRL (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Feb. 26 23
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Unknown

(14) NAME BEFORE MARRIAGE Mary Parker

(9) PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER Kenilworth

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 16 (Years)

(12) BIRTHPLACE

(18) BIRTHPLACE SC

(13) OCCUPATION

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1

(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 Maria, at 5 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife (25) Address of Physician or Midwife Kenilworth

(Given name added from a supplemental report)

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

(27) Filed 3/10 1923 (28) [Signature] 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.