

(1) PLACE OF BIRTH

County of Seaford

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 Registrar Only

Registration District No. 3109 Registered No. 140
(For use of Local Registrar)

(No. _____ St.; _____ Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL? Boy

(4) Twin or triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec 19 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Oscar Deary

(9) PRESENT POSTOFFICE OF FATHER

Lexington St(10) COLOR OR RACE N(11) AGE AT LAST BIRTHDAY 33

(Years)

(12) BIRTHPLACE Del(13) OCCUPATION Teacher(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Liebi Rice(15) PRESENT POSTOFFICE OF MOTHER Lexington St(16) COLOR OR RACE N(17) AGE AT LAST BIRTHDAY 30

(Years)

(18) BIRTHPLACE Del(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Phillips(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lexington St

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 9 1923(28) Mrs. C. C. Taylor

Local Registrar.

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.

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