

PLACE OF BIRTH

County of Charleston
 Township of Augusta
 Town of Myrtle
 of Myrtle

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

No. for State Registrar's Use
17090

Registration District No. 1003 Registered No. 66
 (For use of Local Registrar)

(No. of Street) (St.) (Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Robert Henry Upchurch (If child is not yet named, make supplemental report as directed)

BOY OR GIRL Girl (10) Age at Birth 1 yr (11) DATE OF BIRTH June 1, 1923
 To be answered only in case of Twin or Triplets (Name of Month) (Day) (Year)

FATHER.
 FULL NAME Albert Sidney Upchurch
 PRESENT POSTOFFICE OF FATHER Myrtle
 COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35
 BIRTHPLACE Cottonville
 OCCUPATION Farmer
 Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Effie Wright
 (15) PRESENT POSTOFFICE OF MOTHER Myrtle
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35
 (18) BIRTHPLACE Idaho
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Midwife
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Myrtle

on name added from a supplemental report

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

(27) Date June 1, 1923 (28) H. R. Ritchie 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.