

(1) PLACE OF BIRTH

County of horryTownship of Brookland S.C.Inc. Town of Brookland S.C.City of Brookland S.C.

(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

14932

Registration District No. 3105Registered No. 38

(For use of Local Registrar)

St.; Ward)

2) Full Name of Child

Perry

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 case of Twin or Triplets

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Mar. 11, 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

C. B. Perry

(9) PRESENT POSTOFFICE OF FATHER

Brookland S.C.

(10) COLOR OR RACE

N.

(11) AGE AT LAST BIRTHDAY

35

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Mill Operator

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

Four

MOTHER.

(14) NAME BEFORE MARRIAGE

Ellen Neice

(15) PRESENT POSTOFFICE OF MOTHER

Brookland S.C.

(16) COLOR OR RACE

N.

(17) AGE AT LAST BIRTHDAY

29

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

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

Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:20 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. O. Burson M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

101...

Registrar

(26) Witness

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

(27) Filed 7/18

101.23

(28)

J. C. Sybrand

(29)

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.

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