

STATE OF SOUTH CAROLINA

CERTIFICATE OF BIRTH

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

No. for State Registrar only

14487

County of Horry  
Town of Campbell Creek

Registration District No. 7509

Registered No. 14  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child Frank I. Senious

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

(2) SEX Boy (3) Type ✓ or Triplet (4) Number in order of birth ✓ (5) Are parents married yes (6) DATE OF BIRTH July 13 1923  
(Name of Month) (Day) (Year)

FATHER  
Full Name Reuben P. Prosser

MOTHER  
(14) NAME BEFORE MARRIAGE Lola Esie Mads

PRESENT RESIDENCE OF FATHER Largo P.C.

(15) PRESENT RESIDENCE OF MOTHER Largo P.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Year)

(18) COLOR OR RACE White (19) AGE AT LAST BIRTHDAY 17 (Year)

(20) BIRTHPLACE Horry County, S.C.

(21) BIRTHPLACE Horry County, S.C.

(22) OCCUPATION Farmer

(23) OCCUPATION Housewife

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

(25) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(26) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Mark alive or stillborn) (Hour A. M. or P. M.) 8:20 P.M.

M. B. Woodward, M.D.  
aff'd 3/5/43

(27) (Signature)

(28) State whether Physician or Midwife

(29) Address of Physician or Midwife

Given name added from a supplemental report

(30) Witness

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

(31) Filed July 27 1923

(32) 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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