

## (1) PLACE OF BIRTH

County of UpsonTownship of Eluda

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

30560

Registration District No. 2243Registered No. 18

(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 OR GIRL? Boy(4) Twin or Triplet? No

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept 5 to 22

(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER: R. B. BirdMOTHER: Anna Gordon(9) PRESENT POSTOFFICE OF FATHER Summerville, S.C.(14) NAME BEFORE MARRIAGE Anna Gordon(15) PRESENT POSTOFFICE OF MOTHER Marionville, S.C.(10) COLOR OR RACE W.(11) AGE AT LAST BIRTHDAY 28

(Years)

(16) COLOR OR RACE W.(17) AGE AT LAST BIRTHDAY 25

(Years)

(12) BIRTHPLACE K. C.(18) BIRTHPLACE N. C.(13) OCCUPATION Merchant(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 2(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 6 A M. on the date above stated. (Body alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. C. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife 10. E.

Given name added from a supplemental report

(26) Witness .....

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

(27) Filed Sept 6 1922(28) 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.