

(1) PLACE OF BIRTH

County of

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.)

2) Full Name of Child

3) BOY
or GIRL(4) Twin
or Triplet?(5) Number in
order of birth

(6) Age

(7) DATE OF
BIRTH4) FULL
NAME5) PRESENT
POSTOFFICE
OF FATHER6) COLOR
OR
RACE

7) BIRTHPLACE

8) OCCUPATION

9) Number of children born to
mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22) I hereby certify that I attended the birth of this child, who was born on the date above stated.
on Feb 12 1923Given name added from a supplement-
tal report

(30) Witness

(Signature of Witness necessary only
when question 22 is signed by mark)

(37) Date

2/10/1923

(38)

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 sixth month of pregnancy.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4593

Registration District No. 0302

Registered No. 10

(For use of Local Registrar)

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

FATHER.

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE

(18) BIRTHPLACE

(19) OCCUPATION

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