

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10-For State Registrar

4011

Registration District No. 2203

Registered No. 5  
(For use of Local Registrar)

St. Ward

(No. of street and number.)

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

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

## (2) Full Name of Child

(1) BOY OR GIRL	(2) Full Name of Child	(3) Date of Birth	(4) Age at Birth	(5) Sex	(6) Date of Birth
Girl	Charlie, Anne	Feb 16, 23	36	Female	Feb 16, 23

FATHER		MOTHER	
(7) FULL NAME	(8) PRESENT POSTOFFICE OF FATHER	(9) NAME BEFORE MARRIAGE	(10) PRESENT POSTOFFICE OF MOTHER
Charlie, Anne	Marionetta SC	Same	Same
(11) COLOR OR RACE	(12) AGE AT LAST BIRTHDAY	(13) COLOR OR RACE	(14) AGE AT LAST BIRTHDAY
W	36	W	36
(15) BIRTHPLACE	(16) OCCUPATION	(17) BIRTHPLACE	(18) OCCUPATION
S.C.	Farmer	S.C.	Housewife
(19) Number of children born to mother, including present birth	(20) Number of children of this mother now living, including present birth	(21) Address of Physician or Midwife	(22) Address of Physician or Midwife
6	6	118	118

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was... (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) (25) State whether Physician or Midwife (26) Address of Physician or Midwife

Given name added from a supplemental report

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

(28) Filed Feb 10, 1923 (29) Local Registrar

15th month of pregnancy before the 8th month of pregnancy.