

(1) PLACE OF BIRTH

County of SaludaTownship of S

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

22474

Registration District No. 374 Registered No. 27

(For use of Local Registrar)

(2) Full Name of Child Belle Marie

child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Girl

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes

(7) DATE OF BIRTH

July 10, 1923
(Month of Birth) (Day) (Year)

FATHER.

(8) FULL NAME Robert H. ...(9) PRESENT POSTOFFICE OF FATHER ...(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 23

(Years)

(12) BIRTHPLACE ...(13) OCCUPATION ...(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE ...(15) PRESENT POSTOFFICE OF MOTHER ...(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 20

(Years)

(18) BIRTHPLACE ...(19) OCCUPATION ...(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5:10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) ...

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife ...

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 31, 1923Wine Halla A. Kirkland
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.