

(1) PLACE OF BIRTH

County of CalhounTownship of Northor
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

39771

Registration District No. 1291 Registered No. 23

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL Girl (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 23 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Howard H. H. H.(9) PRESENT POSTOFFICE OF FATHER —(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42 (Years)(12) BIRTHPLACE Union S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Willie H. H. H.(15) PRESENT POSTOFFICE OF MOTHER —(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39 (Years)(18) BIRTHPLACE Union S.C.(19) OCCUPATION —(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was born as 3:50 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Willie H. H. H.(23) State whether Physician or Midwife (24) Address of Physician or Midwife Union S.C.

Given name added from a supplemental report

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Registrar

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

(26) Filed Jan 1 1924 (27) E. A. Early 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 28th month of pregnancy.

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