

(1) PLACE OF BIRTH

County of PolkTownship of Earlyor
Inc. Town ofor
City of

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

(2) Full Name of Child

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

18808

Registration District No. 3702 Registered No. 45
 (For use of Local Registrar)

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age of mother 30 (7) DATE OF BIRTH June 6 1923
 (Name of Month) (Day) (Year)

(8) FULL NAME E. W. Hoffman (14) NAME BEFORE MARRIAGE Other Newman

(9) PRESENT POSTOFFICE OF FATHER Early N 3 (15) PRESENT POSTOFFICE OF MOTHER Early N 43

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 48 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30
 (Year)

(12) BIRTHPLACE Polk (18) BIRTHPLACE Polk

(13) OCCUPATION Farming (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1 (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 at Early M., on the date above stated. (23) Lee F. Wyatt M.D. (Hour A. M. or P. M.)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Early, S.C.

Given name added from a supplemental report

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

(27) Date July 7, 1923 (28) E. F. Wyatt 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.

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