

(1) PLACE OF BIRTH

County of FairfieldTownship of 7

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 1906

File No. - For State Registrar

32058

Registered No. 1906
(For use of Local Registrar)(2) Full Name of Child Harold H. ...
(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

(3) SEX OF CHILD Boy (4) Twin or Triplet 1 (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH 1923
(Name of Month) (Day) (Year)FATHER. (8) FULL NAME ... (9) PRESENT POSTOFFICE OF FATHER ... (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY ... (Year) (12) BIRTHPLACE ... (13) OCCUPATION ... (14) NAME BEFORE MARRIAGE ... (15) PRESENT POSTOFFICE OF MOTHER ... (16) COLOR OR RACE ... (17) AGE AT LAST BIRTHDAY ... (Year) (18) BIRTHPLACE ... (19) OCCUPATION ... (20) Number of children born to mother, including present birth 12 (21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... at ... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) ... (24) State whether Physician or Midwife Physician (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 1923 23 ... 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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