

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

25967

Registration District No. 37.17

Registered No. 16
 (For use of Local Registrar)

(No. St. Ward) ...
 (If child is born in a hospital or other institution, give name of same instead of street and number.)

Name of Child Star Fortner

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

| | | | |
|---|---|--|---|
| (1) Sex <u>Male</u> | (2) Date of Birth <u>May 28 1923</u> | (3) Number in order of birth <u>1</u> | (4) Are Parents Married <u>yes</u> |
| (5) Name of Mother <u>Mary Estenburg</u> | | (6) Name of Father <u>John Fortner</u> | |
| (7) Present Postoffice of Mother <u>Piedmont S.C.</u> | | (8) Present Postoffice of Father <u>Piedmont S.C.</u> | |
| (9) Color or Race <u>White</u> | (10) Age at Last Birthday <u>35</u> (Years) | (11) Color or Race <u>White</u> | (12) Age at Last Birthday <u>37</u> (Years) |
| (13) Birthplace <u>S.C.</u> | | (14) Occupation <u>Wife</u> | |
| (15) Number of children of this mother now living, including present birth <u>4</u> | | (16) Number of children of this father now living, including present birth <u>10</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at Piedmont S.C. on the date above stated. (Born alive or stillborn) (Name A. M. or B. M.)

(21) (Signature) Marjorie S. E. R. 2

(22) State whether Physician or Midwife Midwife Address of Physician or Midwife Piedmont S.C.

Given name added from a supplemental report

(23) Witness John E. Keith

(Signature of Witness necessary only when question 22 is signed by nurse)

(24) Date May 28 1923 (25) John E. Keith 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.