

(1) PLACE OF BIRTH

County of Charleston
 Township of W. Grove
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
19281

Registration District No. 4010

Registered No. I. I.
 (For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

J. S. Sevier

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

3. SEX OF CHILD Boy (4) Twin or Triplet ✓ (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 11, 1923
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

FATHER

8. FULL NAME Clare Sevier

9. PRESENT POSTOFFICE OF FATHER Rachuck S.C.

10. COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 21
 (Years)

12. BIRTHPLACE S.C.

13. OCCUPATION Farming

14. Number of children born to mother, including present birth 2

MOTHER

14. NAME BEFORE MARRIAGE Hattie Woodruff

15. PRESENT POSTOFFICE OF MOTHER Rachuck S.C.

16. COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 17
 (Years)

18. BIRTHPLACE S.C.

19. OCCUPATION Housewife

20. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. W. Sevier

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

Given name added from a supplemental report

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

(27) Filed July 12, 1923 (28) J. W. Sevier 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.