

(1) PLACE OF BIRTH

County of *Georgetown*Township of *4*

Inc. Town of

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

40411

Registration District No *71.03* Registered No. *145*

(For use of Local Registrar)

(2) Full Name of Child *Elizabeth Mack*

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

| | | | | |
|--------------------------|--|------------------------------|---------------------------------------|--|
| (3) SEX <i>Female</i> | (4) Twin or Triplet To be answered only in event of Twin or Triplet | (5) Number in order of birth | (6) Are Parents Married <i>Yes</i> | (7) DATE OF BIRTH <i>Dec 8 1923</i> (Name of Month) (Day) (Year) |
|--------------------------|--|------------------------------|---------------------------------------|--|

FATHER.

(8) FULL NAME *Andrew Mack*(9) PRESENT POSTOFFICE OF FATHER *Andrew St*(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *39* (Years)(12) BIRTHPLACE *Georgetown Conf St*(13) OCCUPATION *Farmer*(14) Number of children born to mother, including present birth *6*

MOTHER.

(14) NAME BEFORE MARRIAGE *Elizabeth Bowers*(15) PRESENT POSTOFFICE OF MOTHER *Andrew St*(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *26* (Years)(18) BIRTHPLACE *Georgetown Conf St*(19) OCCUPATION *Farmer*(20) Number of children of this mother now living, including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *born alive* on the date above stated. (How A. M. or P. M.) *7 P. M.*(22) (Signature) *Clara Mack Mundy*(23) State whether Physician or Midwife (24) Address of Physician or Midwife *Andrew St*

Given name added from a supplemental report

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

(26) Filed *Dec 15 1923* (27) *Paul Bailer*

*When there was no attending physician or midwife, then the father, being present, must sign this certificate. If a child breathes even once, it must not be reported as stillborn. It must be reported before the fifth month of pregnancy.

IN B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark 1 FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 1.

State of Columbia, Columbia, S. C.