

## (1) PLACE OF BIRTH

County of OconeeTownship of CenterOF  
Inc. Town of .....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

29489

Registration District No. 35-00 Registered No. 127

(For use of Local Registrar)

(2) Full Name of Child Unnamed

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

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Sept 5-1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Bob Stansie

(9) PRESENT POSTOFFICE OF FATHER Westminster

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21 (Year)

(12) BIRTHPLACE Oconee

(13) OCCUPATION farming

(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Wans Overton

(15) PRESENT POSTOFFICE OF MOTHER Westminster

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Year)

(18) BIRTHPLACE Oconee

(19) OCCUPATION Domestic

(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 alive 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

(25) Address of Physician or Midwife

W. C. May

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 7 1923 (28) A. J. Martin 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.

WRITES PLAINLY, WITH EXPANDING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in Question 1.

Bureau of Statistics, Columbia, S. C.