

(1) PLACE OF BIRTH

County of OrangeburgTownship of Edisto

or

Inc. Town of

or

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

Registration District No. 3604

File No.—For State Registrar Only

29803Registered No. 93
(For use of Local Registrar)

(2) Full Name of Child

Marie Thelma

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

April 14 1923

FATHER.

(8) FULL NAME

Ben Middleton

(9) PRESENT POSTOFFICE OF FATHER

Wes. C.

(10) COLOR OR RACE

Color.

(11) AGE AT LAST BIRTHDAY

22
(Years)

(12) BIRTHPLACE

Orangeburg, S.C.

(13) OCCUPATION

Farming

MOTHER.

(14) NAME BEFORE MARRIAGE

Marie Lane Hood

(15) PRESENT POSTOFFICE OF MOTHER

Wes. C.

(16) COLOR OR RACE

Color

(17) AGE AT LAST BIRTHDAY

17
(Years)

(18) BIRTHPLACE

Orangeburg, S.C.

(19) OCCUPATION

Fruit Harvest

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

1

(21) Number of children of this mother now living, including present birth

1

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)

(24) State whether Physician or Midwife

(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 9/23 1923(28) F. A. Wolfe 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.

FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5.

B-2

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