

PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19217

City of part of
County of part of
or
Town ofRegistration District No. 442.8Registered No. 149
(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.)

Full Name of Child

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

(1) SEX OF CHILD <u>girl</u>	(2) Type or Triplet To be answered only in event of Twin or Triplet	(3) Number in order of birth	(4) Are Parents Married? <u>Yes</u>	(5) DATE OF BIRTH <u>Jan 22 1923</u> (Name of Month) (Day) (Year)
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FATHER.

Full Name Grace Hammond Hatcher

PRESENT POSTOFFICE OF FATHER

Union SC 521

COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY
34
(Year)

BIRTHPLACE

7-7

OCCUPATION

Local Policeman

Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Grace Hatcher Smith

(15) PRESENT POSTOFFICE OF MOTHER

Union SC 521

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY
23
(Year)

(18) BIRTHPLACE

(19) OCCUPATION

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ...
on the date above stated.Union SC 521
(Born alive or stillborn) (How long or how far)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Give name added from a supplemental report

(26) Witness

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

(27) Filed

June 12 1923

(28)

Mrs. C. F. Parker
Local Registrar

When there was no attending physician or midwife, then the father, householder, or other person, 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.

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