

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Bladen  
 or  
 Inc. Town of Cape Fear  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

29703

Registration District No. 3616 Registered No. 32  
 (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 Julius T. B. B. Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 22, 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Julius T. B. B.  
 (9) PRESENT POSTOFFICE OF FATHER Cape Fear, S. C.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28 (Years)  
 (12) BIRTHPLACE Cape Fear, S. C.  
 (13) OCCUPATION Carriage Driver  
 (20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth B. B.  
 (15) PRESENT POSTOFFICE OF MOTHER Cape Fear, S. C.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28 (Years)  
 (18) BIRTHPLACE Cape Fear, S. C.  
 (19) OCCUPATION Farmer & Housewife  
 (21) 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 ..... at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife ..... (25) Address of Physician or Midwife .....

Given name added from a supplemental report

(26) Witness R. K. Humeray  
 (Signature of Witness necessary only when question 23 is signed by mother)  
 (27) Filed Sept 22nd 1923 (28) R. K. Humeray  
 Registrar Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.