

(1) PLACE OF BIRTH

County of York
Township of Conestoga
or
Inc. Town of.....
or
City of.....

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

File No. - For State Registrar Only
40013

Registration District No. 1702 Registrar No. 46
(For use of Local Registrar)

(2) Full Name of Child Doris C. Platt
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

3	BOY OR GIRL <u>Girl</u>	4	Twin or Triplet To be answered only in event of Twins or Triplets	5	Number in order of birth	6	Are Parents Married <u>Yes</u>	7	DATE OF BIRTH <u>Oct 24 1923</u> (Name of Month) (Day) (Year)
FATHER.					MOTHER.				
8	FULL NAME <u>John B. Platt</u>					14	NAME BEFORE MARRIAGE <u>Ruth Purpus Dale</u>		
9	PRESENT OFFICE OF FATHER <u>Summersville S. C.</u>					15	PRESENT OFFICE OF MOTHER <u>Summersville S. C.</u>		
10	COLOR OR RACE <u>White</u>	11	AGE AT LAST BIRTHDAY <u>26</u> (Year)	12	COLOR OR RACE <u>White</u>	13	AGE AT LAST BIRTHDAY <u>24</u> (Year)		
13	BIRTHPLACE <u>Pawnee, S. C.</u>					16	BIRTHPLACE <u>Lowrance, S. C.</u>		
14	OCCUPATION <u>Accountant</u>					17	OCCUPATION <u>Housewife</u>		
18	Number of children born to mother, including present birth <u>Four</u>					19	Number of children of this mother now living, including present birth <u>Three</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at 4:04 P. M. on the date above stated.
(Born alive or stillborn) (Hour, M. or P. M.)

(21) (Signature) Charles W. Jumper
(22) State whether Physician or Midwife
(23) Address of Physician or Midwife
Summersville S. C.

Given name added from a supplemental report
.....
.....
.....
19.....
Registrar

(24) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(25) DEC. 1. 2. 1923
(26) DR. J. C. WATSON

*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.

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