

(1) PLACE OF BIRTH

County of JeffersonTownship of JeffersonInc. Town of JeffersonCity of Jefferson

(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

No. 37523

37523

Registration District No. 40-ARegistered No. 528

(For use of Local Registrar)

(No. 148 Lagoon St.)Ward 9(2) Full Name of Child Frank Dale

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

(3) SEX OR
CHILDBoy(4) Twin
or Triplet

To be answered only in case of Twin or Triplet

(5) Number in
order of birth(6) Date of
Birth(7) DATE OF
BIRTH2 23 1923
(Month) (Day) (Year)

FATHER.

(8) FULL
NAMEFrank Dale(9) PRESENT
RESIDENCE
OF FATHERSpokane, W. C.(10) COLOR
OR
RACEWhite(11) AGE AT LAST
BIRTHDAY22
(Year)

(12) BIRTHPLACE

A.C.

(13) OCCUPATION

 Carpenter(14) Number of children born to
mother, including present birthone

MOTHER.

(14) NAME BEFORE
MARRIAGEEstelle Howard(15) PRESENT
RESIDENCE
OF MOTHERSpokane, W. C.(16) COLOR
OR
RACEWhite(17) AGE AT LAST
BIRTHDAY22
(Year)

(18) BIRTHPLACE

A.C.

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Jefferson,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. C. Spokane

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Spokane, W. C.(Given name added from a supplement
report)

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 12-12-23 1923 (28) Geo. Cooper
Registrar Local RegistrarWhen 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.When there was no attending physician or midwife, then the father, householder, etc., should make this return.
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