

(1) PLACE OF BIRTH

County of Fairfield
 Township of 14
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 3774 For State Registrar Only

Registration District No. 1913 Registered No. 28
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child No Name If child is not yet named, make supplemental report as directed

(3) SEX OR CORN? Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age Yes (7) DATE OF BIRTH Feb 2 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Elijah Courtney
 (9) PRESENT POSTOFFICE OF FATHER Minusbor S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36
 (12) BIRTHPLACE So. Carolina

(13) OCCUPATION Mer Operator

(20) Number of children born to mother, including present birth 7

MOTHER

(14) NAME BEFORE MARRIAGE Sallie Enloe
 (15) PRESENT POSTOFFICE OF MOTHER Minusbor S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
 (18) BIRTHPLACE So. Carolina

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10.9 M., on the date above stated. (If a stillborn (Hour M. or P. M.))

(23) (Signature) Sallie Enloe (24) State whether Physician or Midwife (25) Address of Physician or Midwife Minusbor

Given name added from a supplemental report

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

(27) Filed MAR 10 1923 (28) P. H. FAYNER 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.

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