

(1) PLACE OF BIRTH

County of Georgetown
Township of
or
Inc. Town of
or
City of Georgetown (No. 9 Howard St.; Ward)
(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. for State Registrar Only
21010

Registration District No. 21-0 Registration No. 39
(For use of Local Registrar)

(2) Full Name of Child Rebecca N. Night If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD girl (4) Twin or Triplet Twins (5) Number in order of birth 2 (6) Has the child been previously married? Yes (7) DATE OF BIRTH July 27, 23
To be answered only in event of Twin or Triplet (Name of month) (Day) (Year)

FATHER.
(8) FULL NAME Samuel N. Night
(9) PRESENT POSTOFFICE OF FATHER Georgetown P. O.
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 36
(12) BIRTHPLACE S. C.
(13) OCCUPATION Laborer
(20) Number of children born to mother, including present birth 90

MOTHER.
(14) NAME BEFORE MARRIAGE Mrs. Maudie Jenkins
(15) PRESENT POSTOFFICE OF MOTHER Georgetown S. C.
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 34
(18) BIRTHPLACE S. C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Hope Fleming
(24) State whether Physician or Midwife | (25) Address of Physician or Midwife Midwife

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Aug 19 1923 (28) Mrs. P. J. King 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.

Form 1, State of S. C., No. 2, etc., in question 1. - Bureau of Columbia, Columbia, S. C.