

## (1) PLACE OF BIRTH

County of

Township of

OR

Inc. Town of

OR

City of

(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

File No. — For State Registrar Only

16281

Registration District No.

Registered No.

(For use of Local Registrar)

(No.

St.

Ward)

## (2) Full Name of Child

David Nathaniel Poir

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER

## MOTHER

(8) FULL NAME

Elliott Poir

(14) NAME BEFORE MARRIAGE

Brulak Tyler

(9) PRESENT POSTOFFICE OF FATHER

Cordova S E R 7 D

(15) PRESENT POSTOFFICE OF MOTHER

Cordova S E R 7 D

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

42 (Years)

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

39 (Years)

(12) BIRTHPLACE

Orangeburg Co

(18) BIRTHPLACE

Orangeburg Co.

(13) OCCUPATION

Farming

(19) OCCUPATION

Housewife

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

Nine

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

Eight

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

Alive (Born alive or still born) at 12 P. M. (Hour A. M. or P. M.)

on the date above stated.

(23) (Signature)

Nancy X Danielley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

May 15, 1922

(28)

R. K. Keeney

Local Registrar

19 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.