

## (1) PLACE OF BIRTH

County of SaludaTownship of 2

In. Town of

or

City of

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

(2) Full Name of Child

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. 11912 Register OnlyRegistration District No. 3901 Registered No. 52

(For use of Local Registrar)

(No. 52 Ward)

(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) NOT ON CARD Yes (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Yes Parent Married (7) DATE OF BIRTH Jul 3 1923 (Name of Month) (Day) (Year)

FATHER: (8) FULL NAME John S. Black (9) PRESENT POSTOFFICE OF FATHER Ward, S.C. (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 50 (Years) (12) BIRTHPLACE Saluda (13) OCCUPATION Farming (14) Number of children born to mother, including present birth 4

MOTHER: (15) NAME BEFORE MARRIAGE Sinda M. Daniels (16) PRESENT POSTOFFICE OF MOTHER Ward, S.C. (17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 34 (Years) (19) BIRTHPLACE Virginia (20) OCCUPATION Housewife (21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive 10:15 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. J. Smith(24) State whether Physician or Midwife (25) Address of Physician or Midwife Phys. Ridge Spring

Given name added from a supplemental report

..... 101.....

..... Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Ing. 4 1923 (28) Mrs. J. D. Branch 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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