

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

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

No. — For State Registrar Only  
**11947**

County of .....

Township of .....

or  
Inc. Town of .....or  
City of .....Registration District No. *40-a*Registered No. *135*  
(For use of Local Registrar)(No. .... St. .... Word)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

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

(3) SEX OF CHILD *girl* (4) Twin or Triplet *—* (5) Number in order of birth *—* (6) Are Parents Married *—* (7) DATE OF BIRTH *Feb 17 1923*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FIRST NAME *E. Fisher*  
(9) PRESENT POSTOFFICE OF FATHER *Camp Wadsworth*  
(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *36*  
(12) BIRTHPLACE *D.C.*  
(13) OCCUPATION *Postal Tel Employee*  
(14) Number of children born to mother, including present birth *6*

## MOTHER.

(15) NAME BEFORE MARRIAGE *Annie Fisher*  
(16) PRESENT POSTOFFICE OF MOTHER *same*  
(17) COLOR OR RACE *white* (18) AGE AT LAST BIRTHDAY *37*  
(19) BIRTHPLACE *N.C.*  
(20) OCCUPATION *Domestic*  
(21) Number of children of this mother now living, including present birth *5*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Statenburg*

Given name added from a supplemental report

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

(27) Filed *5-1-23* (28) *Jas. Copies* 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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