

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH.—In case of FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 1.

| (1) PLACE OF BIRTH | | CERTIFICATE OF BIRTH | | No. 44.—For State Registrar Only | |
|--|--|---------------------------------------|---|--|--|
| STATE OF SOUTH CAROLINA | | Bureau of Vital Statistics | | 43033 | |
| County of | | Registration District No. | | Registered No. <u>297</u> | |
| Township of | | | | (For use of Local Registrar) | |
| or Inc. Town of | | | | | |
| City of | | (No. St. Ward) | | | |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.) | | | | | |
| (2) Full Name of Child <u>Maurice Francis</u> | | | | If child is not yet named, make supplemental report as directed | |
| (3) SEX OF CHILD <u>Boy</u> | (4) Twin or Triplet? <input checked="" type="checkbox"/> | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Oct. 18, 1923</u> (Name of Month) (Day) (Year) | |
| FATHER. | | | MOTHER. | | |
| (8) FULL NAME <u>Albham Stokes</u> | | | (10) NAME BEFORE MARRIAGE <u>Lizzie Caldwell</u> | | |
| (9) PRESENT RESIDENCE OF FATHER <u>Sunter - S.C.</u> | | | (10) PRESENT RESIDENCE OF MOTHER <u>Sunter - S.C.</u> | | |
| (11) COLOR OR RACE <u>Col</u> | | | (11) COLOR OR RACE <u>Col</u> | | |
| (12) AGE AT LAST BIRTHDAY <u>23</u> (Years) | | | (12) AGE AT LAST BIRTHDAY <u>24</u> (Years) | | |
| (13) BIRTHPLACE <u>S.C.</u> | | | (13) BIRTHPLACE <u>S.C.</u> | | |
| (14) OCCUPATION <u>Banker</u> | | | (14) OCCUPATION <u>Housekeeping</u> | | |
| (15) Number of children born to mother, including present birth <u>1</u> | | | (15) Number of children of this mother now living, including present birth <u>1</u> | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE | | | | | |
| (16) I hereby certify that I attended the birth of this child, who was at <u>4 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) | | | | | |
| (17) (Signature) <u>W. W. Elder</u> | | | | | |
| (18) State whether Physician or Midwife <u>Physician</u> | | | | | |
| (19) Address of Physician or Midwife <u>Sunter - S.C.</u> | | | | | |
| Given name added from a supplemental report | | | | | |
| (20) Witness (Signature of Witness necessary only when question 18 is signed by mark) | | | | | |
| (21) Filed <u>Jan. 10, 1924</u> (22) <u>H. O. Branning</u> Local Registrar | | | | | |

If a child breathes even once, it must not be reported as stillborn. — see report to be made before the fifth month of pregnancy.