

WHILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRSTBORN, No. 1 THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH
County of Charleston
Township of
or
Inc. Town of Queenstown
or
City of

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

File No.—For State Registrar Only
3473

Registration District No. 901 Registered No. 37
(For use of Local Registrar)
(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 Victoria Fort
(If child is not yet named, make supplemental report as directed)
(3) BOY OR GIRL? Girl (4) Twin or Triplet? 1st (5) Are Parents Married? Yes (6) DATE OF BIRTH Feb 13 1922
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME John Fort
(9) PRESENT POSTOFFICE OF FATHER Avenosdau
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Year)
(12) BIRTHPLACE Avenosdau, S. Car.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth Four

MOTHER.
(14) NAME BEFORE MARRIAGE Hellie Cumbee
(15) PRESENT POSTOFFICE OF MOTHER Avenosdau
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 41 (Year)
(18) BIRTHPLACE Avenosdau S.C.
(19) OCCUPATION Housekeeper
(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
(22) I hereby certify that I attended the birth of this child, who was Born Feb 13 at 5 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) R. Lorence
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Avenosdau
Given name added from a supplemental report Maurice Silverman
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Feb 17 1922 (28) J. L. Kinsley 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.