

(1) PLACE OF BIRTH

County of FlorenceTownship of Lakeor
Inc. Town of.....or
City of.....(No. St.; Ward)
(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

Registration District No. 2009

File No.—For State Registrar Only

22156Registered No. 62
(For use of Local Registrar)(2) Full Name of Child William Walker Creel

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

(3) BOY OR GIRL Boy(4) Twin or Triplet? ✓

To be answered only in event of Twins or Triplets

(5) Number in order of birth 1(6) Are Parents Married Yes(7) DATE OF BIRTH April 28 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY.....
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Oyelia Creel(15) PRESENT POSTOFFICE OF MOTHER Lio or R1(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY.....
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Farm work(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... Alive... at... 11... M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jane Tribb(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Johnsonville SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed 7/24 22

(28)

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.