

(1) PLACE OF BIRTH

County of York
 Township of
 or
 Inc. Town of
 City of Hamlet

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

Registration District No. 4406

File No.—For State Registrar Only
38086

Registered No. 81
 (For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>7</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Dec 23</u>
FATHER				MOTHER
(8) FULL NAME <u>Leop. Sample</u>				(14) NAME BEFORE MARRIAGE <u>Leora Prusley</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Hamlet S.C.</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Hamlet S.C.</u>
(10) COLOR OR RACE <u>White</u>				(16) COLOR OR RACE <u>White</u>
(11) AGE AT LAST BIRTHDAY <u>36</u>				(17) AGE AT LAST BIRTHDAY <u>22</u>
(12) BIRTHPLACE <u>N.C.</u>				(18) BIRTHPLACE <u>N.C.</u>
(13) OCCUPATION <u>Misc. work</u>				(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>7</u>				(21) Number of children of this mother now living, including present birth <u>4</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at M.,
 on the date above stated. (Hour of day or stillborn) (Hour, M. or P. M.)

(23) (Signature) J. B. Egan

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Hamlet S.C.

Given name added from a supplement-
 al report

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

(27) Filed 12/13-23 (28) A. L. Parker 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.