

(1) PLACE OF BIRTH

County of DANBERGTownship of DANBERGor
Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

6499

Registration District No. 400 Registered No. 41
(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 William Pool (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 3/9/22
(Name of Month) (Day) (Year)FATHER. (8) FULL NAME Henry Pool (14) NAME BEFORE MARRIAGE Gertrude Taylor(9) PRESENT POSTOFFICE OF FATHER DENVILLE, S. C. (15) PRESENT POSTOFFICE OF MOTHER DENVILLE, S. C.(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 28 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 26
(Years) (Years)(12) BIRTHPLACE DANBERG (18) BIRTHPLACE DANBERG(13) OCCUPATION Ranch (19) OCCUPATION(20) Number of children born to mother, including present birth 7 (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 at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Margaret Taylor (24) State of Physician or Midwife DENVILLE, S. C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 4/10/22 (28) John Cooper 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.