

(1) PLACE OF BIRTH

County of DaytonTownship of Lamaror
Inc. Town ofor
City of

(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

File No.—For State Registrar Only

18340

Registration District No. 15-04 Registered No. 4-7
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Roy Peoples

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

3. BOY OR GIRL?

Boy

4. Twin or Triplet?

1

5. Number in order of birth

6. Are Parents Married?

Yes

7. DATE OF

BIRTH

June 24, 22
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

Sherman Peoples

9. PRESENT POSTOFFICE OF FATHER

Lamar S.C.

10. COLOR OR RACE

Negro

11. AGE AT LAST BIRTHDAY

21
(Years)

12. BIRTHPLACE

S.C.

13. OCCUPATION

Farming

MOTHER.

14. NAME BEFORE MARRIAGE

Ady Peoples

15. PRESENT POSTOFFICE OF MOTHER

Lamar

16. COLOR OR RACE

Negro

17. AGE AT LAST BIRTHDAY

21
(Years)

18. BIRTHPLACE

S.C.

19. OCCUPATION

Domestic

20. Number of children born to mother, including present birth

1

21. Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was nt. 2 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

Registrar

(27) Filed

June 24, 22

at

Lamar

S.C.

(28) R. J. Chaplin

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.