

(1) PLACE OF BIRTH

County of Oregon
 Township of Local
 or
 Inc. Town of Springfield
 or
 City of

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

11581

Registration District No. 341 Registered No. 32
 (For use of Local Registrar)

(2) Full Name of Child Edward M. Ponder Pollock (If birth occurs in a hospital or other institution, give name of same, street and number.)

(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 Mar 16 23
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Benjamin Cromer Pollock
 (9) PRESENT POSTOFFICE OF FATHER Springfield SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23
 (12) BIRTHPLACE SC
 (13) OCCUPATION Lumber Cashier
 (14) Number of children born to mother, including present birth 1

MOTHER
 (14) NAME BEFORE MARRIAGE Miriam Bean
 (15) PRESENT POSTOFFICE OF MOTHER Springfield SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29
 (18) BIRTHPLACE SC
 (19) OCCUPATION Housewife
 (20) 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 born Mar 16 23 at 11:30 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Paul C. Phillips
 (24) State of South Carolina Physician or Midwife (25) Address of Physician or Midwife Springfield SC

Given name added from a supplemental report

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

(27) Filed March 19 23 (28) M. L. Samant Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.