

STATE OF SOUTH CAROLINA

CERTIFICATE OF BIRTH

28264

County of Florence

Township of

City of Florence

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 20-A

Registered No. 347

(No. Magnolia Ward)

(2) Full Name of Child

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

Sex of Child Boy To be reported only in case of Twins or Triplets X Date of Birth 7/26/23

FATHER
Full Name Wilson E. Dear
Present Postoffice of Father Florence S.C.
Color or Race white Age at last birthday 24
Birthplace Florence Co.
Occupation R.R. Employee
Number of children born to mother, including present birth 1

MOTHER
(14) Name before marriage Mable Flowers
(15) Present Postoffice of Mother Florence S.C.
(16) Color or Race white (17) Age at last birthday 21
(18) Birthplace Florence Co.
(19) Occupation 0
(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 alive at 11 P.M. on the date above stated. (Dead alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) E. W. Hester (24) State whether Physician or Midwife Phys. (25) Address of Physician or Midwife Florence S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 9-28-23 (28) P.H. 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.

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