

## (1) PLACE OF BIRTH

County of Union  
 Township of McCollum  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

No. 3873

Registration District No. 2011 Registered No. ....  
 (For use of Local Registrar)

City of ..... (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 Jack William If child is not yet named, make supplemental report as directed

(3) SEX OR GUILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Aug 11 1929  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Jack William  
 (9) PRESENT POSTOFFICE OF FATHER Blount R3  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Year)  
 (12) BIRTHPLACE SE  
 (13) OCCUPATION Farmer  
 (14) NAME BEFORE MARRIAGE Ethel Hatcher  
 (15) PRESENT POSTOFFICE OF MOTHER Blount R3  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Year)  
 (18) BIRTHPLACE SE  
 (19) OCCUPATION Housewife  
 (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 alive at 1:30 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Corena McCaleb  
 (24) State whether Physician or Midwife 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)

(27) Filed Aug 14 1929 (28) N. H. Marshall

19 Registrar

\*When there was no attending physician or midwife, then the father, householders, etc., must report as stillborn. No report is due before the fifth month of pregnancy.