

## (1) PLACE OF BIRTH

County of YalowaceTownship of TIMMONSVILLE, S. O.or  
Inc. Town of.....or  
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 Victor English { 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 Dec 18 22  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Wm English</u>	(14) NAME BEFORE MARRIAGE <u>Juan Durant</u>	(15) PRESENT POSTOFFICE OF FATHER <u>TIMMONSVILLE, S. O.</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>TIMMONSVILLE, S. O.</u>
(10) COLOR OR RACE <u>Red</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>Red</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)
(12) BIRTHPLACE <u>SC</u>	(13) OCCUPATION <u>no work</u>	(18) BIRTHPLACE <u>SC</u>	(19) OCCUPATION <u>House work</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was 3:30 am at 11:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hattie Smith  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife TIMMONSVILLE, S. O.

Given name added from a supplemental report

(26) Witness W. H. Nelson  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 22 1922 (28) W. H. Nelson 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.

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