

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Tabor
 Inc. Town of.....
 City of.....

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

REGISTRATION DISTRICT NO. 3616
 REGISTERED NO. 37203

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

(2) Full Name of Child Royall Vincent

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

(3) SEX OF CHILD Boy (4) Type or Token To be reported only in case of Token or Token (5) Number in order of birth No (6) DATE OF BIRTH Feb 13-23 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME
 (9) CURRENT RESIDENCE OF FATHER
 (10) COLOR OR RACE
 (11) AGE AT LAST BIRTHDAY (Years)
 (12) BIRTHPLACE
 (13) OCCUPATION
 (14) Number of children born to mother, including present birth One

MOTHER.
 (14) NAME BEFORE MARRIAGE Julia Seawright
 (15) CURRENT RESIDENCE OF MOTHER Cape SE R 2d
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY (Years)
 (18) BIRTHPLACE Calhoun County
 (19) OCCUPATION Farm Laborer
 (20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Ellen Caldwell (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 (26) Witness R K Henry (Signature of Witness necessary only when question 22 is signed by mother)
 (27) Dated Nov 12-23 (28) R K Henry 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.