

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town of Piedmont
orCity of (No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42620

(2) Full Name of Child. Frederic W. Stone { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 9, 1923
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME L. W. Stone(9) PRESENT POSTOFFICE OF FATHER Piedmont(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION mill(14) Number of children born to mother, including present birth { 4MOTHER.
(14) NAME BEFORE MARRIAGE Anno B. Widdetun(15) PRESENT POSTOFFICE OF MOTHER Piedmont S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M.,
on the date above stated. (Born alive or stillborn) (Hour of Day or P. M.)(23) (Signature) J. H. Campbell
(24) State where Physician or Midwife (25) Address of Physician or Midwife
Physician Piedmont

Given name added from a supplemental report.

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

(27) Filed Dec 15, 1923 (28) J. L. Bell
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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