

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

File No.—For State Registrar Only

43251**(1) PLACE OF BIRTH**County of LaurensTownship of Railsor
Inc. Town ofor
City ofRegistration District No. 2901 Registered No. 132
 (For use of Local Registrar)

(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 Har

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 30</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER.(8) FULL NAME Woguel Mills(9) PRESENT POSTOFFICE OF FATHER Gray Court(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 31
(Years)(12) BIRTHPLACE Laurens co SC(13) OCCUPATION Furner(20) Number of children born to mother, including present birth 2**MOTHER.**(14) NAME BEFORE MARRIAGE Lillis Pitts(15) PRESENT POSTOFFICE OF MOTHER Gray Court SC(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 26
(Years)(18) BIRTHPLACE Laurens co SC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***(22) I hereby certify that I attended the birth of this child, who was Alive at 11:30 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. Pace(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Gray Court

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 6 1923 (28) W. C. Mahon Local Registrar19
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.