

(1) PLACE OF BIRTH

County of Colleton

Township of

or Inc. Town of

City of Walter

(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

Registration District No. 38a

File No.—For State Registrar Only

18927

Registered No. 1498

(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL Boy

(4) Twin or Triplet

(5) Number in order of birth 2nd(6) Age at birth 4yo

(7) DATE OF BIRTH

June 17, 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Cline(9) PRESENT POSTOFFICE OF FATHER Columbia(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30
(Year)(12) BIRTHPLACE Illinois(13) OCCUPATION Street car conductor(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Quinn(15) PRESENT POSTOFFICE OF MOTHER Columbia(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
(Year)(18) BIRTHPLACE Ill.(19) OCCUPATION housewife(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born at 5 P.M.
on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)(22) (Signature) W. J. Quinn

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

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

(26) Filed July 19, 23(27) A. J. Sloan
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.

Before the fifth month of pregnancy.