

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. — For State Registrar Only

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County of LowrySTATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

30687

Township of

Inc. Town of ConwayRegistration District No. 25ARegistered No. 55
(For use of Local Registrar)

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 Walter B. Deuboy Jr.

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

2/18/22
(Name Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter B. Deuboy Jr.(9) PRESENT POSTOFFICE OF FATHER Conway SC(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 34
(Years)(12) BIRTHPLACE Lowry Co(13) OCCUPATION Physician(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Helen McCoy(15) PRESENT POSTOFFICE OF MOTHER Conway SC(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE Lowry Co(19) OCCUPATION Housewife(21) 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 born alive 12:55 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. T. Deuboy

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Conway St.

Given name added from a supplemental report

(26) Witness

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

10 Registrar

(28) 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.