

## (1) PLACE OF BIRTH

County of FlamenceTownship of Lake

Inc. Town of .....

City of .....

(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. 2009Registered No. 34  
(For use of Local Registrar)(2) Full Name of Child William A. Fagan (If child is not yet named, make appropriate entry as advised)

3) SEX OF CHILD <u>Boy</u>	4) Type or Type <u>1</u>	5) Number in order of birth <u>1</u>	6) Age of Mother <u>yes</u>	7) DATE OF BIRTH <u>Feb 20 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
8) FULL NAME <u>Clyde Fagan</u>			9) NAME BEFORE MARRIAGE <u>Mary Mims</u>	
10) PRESENT RESIDENCE OF FATHER <u>Lake City, S.C.</u>			11) PRESENT RESIDENCE OF MOTHER <u>Lake City, S.C.</u>	
12) COLOR OR RACE <u>white</u>			13) COLOR OR RACE <u>white</u>	
14) BIRTHPLACE <u>S.C.</u>			15) BIRTHPLACE <u>S.C.</u>	
16) OCCUPATION <u>Farmer</u>			17) OCCUPATION <u>Housewife</u>	
18) Number of children born to mother, including present birth <u>2</u>			19) Number of children of this mother now living, including present birth <u>2</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Dead or stillborn) (How A. B. C. D. E.)(21) (Signature) S. B. W. Coates(22) State whether Physician or Midwife Physician

Given name added from a supplemental report

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

(24) Dated 4/17 23 (25) R. H. Carter 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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1. In case of twins or more children, give name of each child in question 1.  
2. In case of stillbirth, give name of child in question 1.  
3. In case of stillbirth, give name of child in question 1.  
4. In case of stillbirth, give name of child in question 1.  
5. In case of stillbirth, give name of child in question 1.