

(1) PLACE OF BIRTH

County of Berkely
 Township of St. Stephens
 or
 Inc. Town of.....
 or
 City of.....

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

No. for State Registrar's Office
16868

Registration District No. 2.04 Registered No. 33
 (For use of Local Registrar)
 (No. St. Ward)

(2) Full Name of Child William Harrison If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are parents married Yes (7) DATE OF BIRTH June 23, 1923
 To be answered only in event of Twin or Triplet

FATHER.

(8) FULL NAME Wm. L. Lavin
 (9) PRESENT POSTOFFICE OF FATHER Barnes
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30
 (12) BIRTHPLACE Rock Hill, S.C.
 (13) OCCUPATION Insurance Agent
 (14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Wm. L. Lavin
 (16) PRESENT POSTOFFICE OF MOTHER Barnes
 (17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 18
 (19) BIRTHPLACE Berkely Co.
 (20) OCCUPATION House Work
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maggie Wyndham
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Barnes

Given name added from a supplemental report

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

(27) Filed June 25, 1923 (28) J. J. Green Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.