(1) PLACE OF BIRTH

County of .....

Township of .....
or
Inc. Town of..... .....
or
City of ..... .....

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
3686

Registration District No..... Registered No.....
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. ..... St.; ..... Ward)

(2) Full Name of Child Not Named

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? 1

(5) Number in order of birth 1

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH [illegible] 19 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Dick Way

(9) PRESENT POSTOFFICE OF FATHER Reevesville

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE St George S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Florence Redd

(15) PRESENT POSTOFFICE OF MOTHER St George S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE St George S.C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Stand (Born alive or stillborn) at 10 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) C J Johnston
(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed ..... 19 .... (28) [illegible]
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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