

1-10 No.

(1) PLACE OF BIRTH

County of Richland
 Township of Shenandoah
 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

18578

Registration District No. 200.3

Registered No. 31
 (For use of Local Registrar)

(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 William George

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 one
 6) Are Parents Married? Yes
 To be answered only in event of Twins or Triplets

7) DATE OF BIRTH 6-25-32
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME W. G. George
 9) PRESENT POSTOFFICE OF FATHER Shenandoah
 10) COLOR OR RACE Caucasian
 11) AGE AT LAST BIRTHDAY 33 (Years)
 12) BIRTHPLACE Mississippi
 13) OCCUPATION Farmer
 14) Number of children born to mother, including present birth 5

MOTHER.

14) NAME BEFORE MARRIAGE Bessie Nelson
 15) PRESENT POSTOFFICE OF MOTHER Shenandoah
 16) COLOR OR RACE Caucasian
 17) AGE AT LAST BIRTHDAY 30 (Years)
 18) BIRTHPLACE Florida
 19) OCCUPATION Farmer
 20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 12:25 P.M.,
 on the date above stated. (Born alive or stillborn Hour 12:25 or P. M.)

(23) (Signature) Martha S. Smith
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife 1224 4th St. S.E. S.W.

Given name added from a supplemental report

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

(27) Filed June 25 1932 (28) W. G. George Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. To be made 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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