

(1) PLACE OF BIRTH

County of *Charleston*Township of *Charleston*

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

File No. - For State Registrar Only

17186

Registration District No.

Registered No.
(For use of Local Registrar)

(2) Full Name of Child

William Luther

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

7

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

June 1, 1925

(8) FULL NAME

William Luther

(9) PRESENT POSTOFFICE OF FATHER

Wheba NC

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

39

(12) BIRTHPLACE

Richwood

(13) OCCUPATION

Farming

(14) NAME BEFORE MARRIAGE

Emmie Murphy

(15) PRESENT POSTOFFICE OF MOTHER

Wheba NC

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

25

(18) BIRTHPLACE

NC

(19) OCCUPATION

Farming

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

7

(21) Number of children of this mother now living, including present birth

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* on the date above stated.

(Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature)

Emmie Dyer

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

*19**20**20*

(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.