

(1) PLACE OF BIRTH

County of UnionTownship of Lockhartor
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

No. for State Registrar Only

43273

Registration District No. 4200 Registered No. 2
(For use of Local Registrar)(2) Full Name of Child William Joseph Caban If child is not yet named, make supplemental report as directed(3) SEX OF CHILD
Male(4) Twin or Triplet
To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Age of Parent Married

(7) DATE OF BIRTH Feb 17 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Buford Caban(9) PRESENT POSTOFFICE OF FATHER Lockhart S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION mill work(14) Number of children born to mother, including present birth 1 2

MOTHER.

(15) NAME BEFORE MARRIAGE Alpha Omega Murray(16) PRESENT POSTOFFICE OF MOTHER Lockhart S.C.(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 20
(Year)(19) BIRTHPLACE S.C.(20) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was St. 5 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. D. H. H. H.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Lockhart S.C.

(Given name added from a supplemental report)

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

(27) Filed Jan 16 1924 (28) W. D. H. H. H. 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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