CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
32396

(1) PLACE OF BIRTH

County of D. Nortenbe

Township of Walnut Grove

or

Inc. Town of .....

or

City of .....

Registration District No. 4010 Registered No. 44
(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 Boyd Leon West {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
1 Boy	Twin	2	Yes	Sept 10 1922 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME	Horace West	(14) NAME BEFORE MARRIAGE	Maud Lanford
(9) PRESENT POSTOFFICE OF FATHER	Moore 2	(15) PRESENT POSTOFFICE OF MOTHER	Moore 2
(10) COLOR OR RACE	White	(16) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY (Years)	35	(17) AGE AT LAST BIRTHDAY (Years)	38
(12) BIRTHPLACE	S C	(18) BIRTHPLACE	S C
(13) OCCUPATION	Farming	(19) OCCUPATION	Dom.
(20) Number of children born to mother, including present birth	3	(21) Number of children of this mother now living, including present birth	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Bornalive (Born alive or stillborn) at 12 30 A.M. (Hour A. M. ~~or P. M.~~) on the date above stated.

(23) (Signature) D H S Mitchell MD

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife

Given name added from a supplemental report

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..... 19 ....
Registrar

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

(27) Filed Sept 14 1922 (28) J W Hatchett
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.

Form No. 5

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McCALLAY COLUMBIA, COLUMBIA, S. C.