

## (1) PLACE OF BIRTH

County of Florence  
 Township of in William

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42424

Inc. Town of ..... or ..... Registration District No. 2-011 Registered No. 63  
 or ..... (For use of Local Registrar)

City of ..... (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 E. voin M. Pherson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 24 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Jos E voin M Pherson

(9) PRESENT POSTOFFICE OF FATHER Florence S.C. Route 3

(10) COLOR OR RACE w (11) AGE AT LAST BIRTHDAY 42 (Years)

(12) BIRTHPLACE Florence S.C.

(13) OCCUPATION farmer

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Louise Hewitt

(15) PRESENT POSTOFFICE OF MOTHER Florence S.C. Route 3

(16) COLOR OR RACE w (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Florence S.C.

(19) OCCUPATION domestic

(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5:30 a on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Phys. J. H. S.C.

Given name added from a supplemental report

191....

Registrar

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

(27) Filed see 1922 (28) W. H. Howell 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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