

(1) PLACE OF BIRTH

County of Berkeley

Township of St. Stephen

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 705

File No. — For State Registrar Only

Vol. 22-16888

Registered No. 56
(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

Wilbur Leonard Henry 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

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 23, 1923

(8) NAME BEFORE MARRIAGE

Elta Mae Ludlow

(9) PRESENT POSTOFFICE OF FATHER

St. Stephen S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

22

(12) BIRTHPLACE

Ala

(13) FULL NAME

Estel Henry

(14) NAME BEFORE MARRIAGE

Elta Mae Ludlow

(15) PRESENT POSTOFFICE OF MOTHER

St. Stephen S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

22

(18) BIRTHPLACE

Ala

(19) OCCUPATION

Housewife

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

2

(21) 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 born alive at 8 A.M. on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(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 mark)

(27) Filed

19

(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.