

(1) PLACE OF BIRTH

County of W. Carolina
Township of Walla

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

30636

Inc. Town of Registration District No. 2400 Registered No. 108
(For use of Local Registrar)

City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Wash. Prefelder Jr. 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 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 19, 22
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME Wash. Prefelder
(9) PRESENT POSTOFFICE OF FATHER Still S. C.
(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 45 (Years)
(12) BIRTHPLACE Hampton Co
(13) OCCUPATION Blacksmith
(14) Number of children born to mother, including present birth 13MOTHER.
(14) NAME BEFORE MARRIAGE Rebecca Sumner
(15) PRESENT POSTOFFICE OF MOTHER Still S. C.
(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE Hampton Co
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.) 10 P. M.
on the date above stated.(22) (Signature) Mary J. Hall
(23) State whether Physician or Midwife (24) Address of Physician or Midwife Still S. C.

Give name added from a supplemental report.

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

(26) Sept. 21, 22 (27) W. E. Ducken 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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