

(1) PLACE OF BIRTH

County of Horry
 Township of Quinn's Green
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19055

Registration District No. 7509Registered No. 59
(For use of Local Registrar)

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

(2) Full Name of Child William Willard Cline 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 May 28, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Oliver Cline(9) PRESENT POSTOFFICE OF FATHER Allsbroons P.O. RFD(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Horry County S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Gay Lee Porter(15) PRESENT POSTOFFICE OF MOTHER Allsbroons P.O. RFD(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Liberty Co. Ga.(19) OCCUPATION Housewife(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 Struck at 8:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Thomas(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Low, S.C.

Given name added from a supplemental report

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

(27) Filed May 24, 1922 (28) W. H. Thomas 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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