

(1) PLACE OF BIRTH

County of Spaulding
 Township of Lacelle

City of County

CERTIFICATE OF BIRTH

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

Registration District No. 4006

For use of State Registrar Only
22836

Registered No. C-4
(For use of Local Registrar)

(2) Full Name of Child

Helen Milwood

If child is not yet named, make supplemental report as directed

SEX OR
CHILDGirl(4) Type
or Triplet

To be covered only in case of Twins or Triplets

(5) Number in
order of birthOne(6) Age
at birth7 1/2(7) DATE OF
BIRTHJuly 29-23

FATHER.

(8) FULL
NAMEBury Milwood(9) PRESENT
POSTOFFICE
OF FATHERClifton S.C.(10) COLOR
OR
RACEWhite(11) AGE AT LAST
BIRTHDAY18

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer(14) Number of children born to
mother, including present birthOne

MOTHER.

(15) NAME BEFORE
MARRIAGELottie Mae Hawley(16) PRESENT
POSTOFFICE
OF MOTHERClifton S.C.(17) COLOR
OR
RACEWhite(18) AGE AT LAST
BIRTHDAY18

(19) BIRTHPLACE

S.C.

(20) OCCUPATION

Housewife(21) Number of children of this mother
now living, including present birthOne

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.Alive(23) (Born alive or stillborn) (Hour A. M. or P. M.)
2:30 P.M.

(24) (Signature)

W. E. Milwood

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

Grandfather's place Clifton S.C. R#Give name added from a supplement-
ed report

(27) Witness

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

(28) Filed

July 31-23

(29)

M. M. Brown

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.