

(1) PLACE OF BIRTH

County of Polk
 Township of Early
 or
 Inc. Town of.....
 or
 City of Fasley

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

No. 18776

Registration District No. 37 A Registered No. 80
 (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 Henry E. Bacon 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 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Jan 5 - 23
 To be answered only in case of Twin or Triplet (Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME <u>Henry E. Bacon</u>	(14) NAME BEFORE MARRIAGE <u>Harpard E. Roper</u>		(14) NAME BEFORE MARRIAGE <u>Harpard E. Roper</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Early MO.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Early MO.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Early MO.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28</u>		(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>15</u>	
(12) BIRTHPLACE <u>Polk</u>			(18) BIRTHPLACE <u>Indiana</u>		
(13) OCCUPATION <u>Manager</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Leif Wall M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Fasley, S.C.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed July 7, 1923. (28) R. F. Wyatt 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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