

(1) PLACE OF BIRTH

County of LaurensTownship of Dialsor
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2901

File No.—For State Registrar Only

43269

Registered No. 119
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH Dec 11 22
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

Alen W Stone

(14) NAME BEFORE MARRIAGE

Della D. Guinn

(9) PRESENT POSTOFFICE OF FATHER

Fountain Inn N#4

(15) PRESENT POSTOFFICE OF MOTHER

Fountain Inn N#4

(10) COLOR OR RACE

white(11) AGE AT LAST BIRTHDAY 39
(Years)

(16) COLOR OR RACE

white(17) AGE AT LAST BIRTHDAY 34
(Years)

(12) BIRTHPLACE

S.S.

(18) BIRTHPLACE

S.S.

(13) OCCUPATION

Farmer

(19) OCCUPATION

Housework

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

5

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

D. W. Wood M.D.

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Fountain Inn 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

Jun 2 1923

(28)

H. C. Mahon
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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