

(1) PLACE OF BIRTH

County of Polk
 Township of Buffalo
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

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

File No.—for State Registrar Only
36463

Registration District No. 27A.A. Registered No. 99
 (For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Michael William 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 2 (6) Are Parents Married yes (7) DATE OF BIRTH 4.4.23
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Maer William

(9) PRESENT POSTOFFICE OF FATHER Bethune

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 1
 (Year)

(12) BIRTHPLACE Kershaw County
 (13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Williams

(15) PRESENT POSTOFFICE OF MOTHER Bethune

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 26
 (Year)

(18) BIRTHPLACE Kershaw County

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 4.4.23 P. M.,
 on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Mon. Murchison
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness W. L. Little
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 7.23.23 (28) W. L. Little 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.