

(1) PLACE OF BIRTH

County of LaurensTownship of Waterlooor Inc. Town of Route #6or City of Laurens

(No. _____ St.; _____ Ward)

(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

File No.—For State Registrar Only

90664

Registration District No. 2107, Registered No. 99

(For use of Local Registrar)

(2) Full Name of Child Samuel William Perry 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 December 14, 1906 (Name of Month) (Day) (Year)

FATHER.

(3) FULL NAME Willie Lawson Perry(9) PRESENT POSTOFFICE OF FATHER Laurens #6 S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47 (Years)(12) BIRTHPLACE Laurens, S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 8MOTHER William(14) NAME BEFORE MARRIAGE Eugene Duttonette(15) PRESENT POSTOFFICE OF MOTHER Laurens #6 S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE Laurens S.C.(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5:58 a.m. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) J. P. Donnan(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Wen Shoals S.C.

Given name added from a supplemental report

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

(27) File Jan 9, 1907 (28) J. P. Donnan 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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