

(1) PLACE OF BIRTH

County of Christ ChurchTownship of Laurens

Inc. Town of

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 HealthRegistration District No. 17235 Registered No. 44

(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

boy

4. Twin or Triplet

To be answered only in case of Twin or Triplet

5. Number in order of birth

6. Are Parents Married

Yes

7. DATE OF BIRTH

Feb. 24, 1923

(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME

William McMichael

9. PRESENT POSTOFFICE OF FATHER

Laurens S.C. R. 710

10. COLOR OR RACE

White

11. AGE AT LAST BIRTHDAY

27

12. BIRTHPLACE

S.C.

13. OCCUPATION

Farmer

MOTHER.

14. NAME BEFORE MARRIAGE

Freda Horton

15. PRESENT POSTOFFICE OF MOTHER

Laurens S.C. R. 710

16. COLOR OR RACE

White

17. AGE AT LAST BIRTHDAY

28

18. BIRTHPLACE

S.C.

19. OCCUPATION

Housewife

20. Number of children born to mother, including present birth

11

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

11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... at ... on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

19 Registrar

(27) Filed July 2, 1923 (28) 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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