

(1) PLACE OF BIRTH

County of Greenwood

Township of .....

City of Greenwood

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 13A Registered No. 112

(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 Donald Lee Rans If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr 6 1923  
(Name, Month, Day, Year)

## FATHER.

(8) FULL NAME Samuel B. A. Dore(9) PRESENT POSTOFFICE OF FATHER Greenwood S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Year)(12) BIRTHPLACE Abbeville Co(13) OCCUPATION Mill opr.(14) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Lucie Rensel Gooden(15) PRESENT POSTOFFICE OF MOTHER Greenwood S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Year)(18) BIRTHPLACE Abbeville Co S.C.(19) OCCUPATION Domestic(20) Number of children of the mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 5:45 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) W. J. Fuller(23) State whether Physician or Midwife (24) Address of Physician or Midwife Greenwood S.C.

Given name added from a supplemental report

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

(26) Filed 9/5/23 (27) 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.