

(1) PLACE OF BIRTH

County of Yamaster
 Township of Buford
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4336

Registration District No. 2500 Registered No. 6
 (For use of Local Registrar)

City of (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

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

2) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>June 1, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
9) FULL NAME <u>John Staller</u>			14) NAME BEFORE MARRIAGE <u>Maryann</u>	
10) PRESENT POSTOFFICE OF FATHER <u>Monroe, N.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Monroe, N.C.</u>	
11) COLOR OR RACE <u>W</u>			16) COLOR OR RACE <u>W</u>	
12) BIRTHPLACE <u>S.C.</u>			17) BIRTHPLACE <u>S.C.</u>	
13) OCCUPATION <u>Farmer</u>			18) OCCUPATION <u>Domestic</u>	
20) Number of children born to mother, including present birth <u>2</u>			21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. H. F. ...

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
 al report

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

June 8, 1923 (27) G. M. Hinson
 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 be reported as stillborn. No report is desired of stillbirths
 before the sixth month of pregnancy.