

(1) PLACE OF BIRTH

County of Union
 Township of Union
 or
 Inc. Town of Monarch
 or
 City of _____

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

File No.—For State Registrar Only

12309

Registration District No. 4207 Registered No. 36
 (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

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

(6) BOY OR GIRL <u>Boy</u>	(7) Twin or Triplet To be answered only in event of Twin or Triplet	(8) Number in order of birth	(9) Are Parents Married <u>Yes</u>	(10) DATE OF BIRTH <u>April 22 1923</u> (Name Month) (Day) (Year)
FATHER.			MOTHER.	
(1) FULL NAME <u>Roman Bauline</u>			(14) NAME BEFORE MARRIAGE <u>Ellen Merdian</u>	
(2) PRESENT POSTOFFICE OF FATHER <u>Union SC RFD</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Union SC RFD</u>	
(10) COLOR OR RACE <u>White</u>			(17) AGE AT LAST BIRTHDAY <u>21</u> (Year)	
(11) AGE AT LAST BIRTHDAY <u>26</u> (Year)			(16) COLOR OR RACE <u>White</u>	
(12) BIRTHPLACE <u>Fairfield Co. Sc.</u>			(18) BIRTHPLACE <u>NC</u>	
(13) OCCUPATION <u>Mill work.</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother including present birth <u>Two</u>			(21) Number of children of this mother now living, including present birth <u>Two</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:30 P.M.
 on the date above stated. (Born alive or stillborn) Hour 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 22 is signed by mark)

(27) Filed

4 10 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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