

## (1) PLACE OF BIRTH

County of Proctorus

Township of .....

or Inc. Town of .....

City of Liberty

(No. .... St.: .... Ward)

## (2) Full Name of Child

3. BOY OR GIRL?

boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Jan 21, 1927

(Type of Month) (Day) (Year)

## FATHER.

4. FULL NAME

James Wesley

5. PRESENT POSTOFFICE OF FATHER

Liberty & C

6. COLOR OR RACE

white

7. BIRTHPLACE

Proctorus

8. OCCUPATION

farmer

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

1st

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5:30 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm. H. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Feb 1, 1927 (28) John D. Bigger (29) Loftis 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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## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2281

Registration District No. 3705 Registered No. .... (For use of Local Registrar)

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

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