

(1) PLACE OF BIRTH

County of Lexington
 Township of Dryden
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. for State Register
14263

Registration District No. R-211 Registered No. 16
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Bond

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

(a) BOY OR GIRL Boy (b) Twin or Triple No (c) Number in order of birth 1 (d) Sex Yes (e) DATE OF BIRTH Feb 9 23
 To be answered only in case of Twin or Triple (Name of Month) (Day) (Year)

FATHER

(a) FULL NAME Frank Bond

(b) PRESENT POSTOFFICE OF FATHER Greer S.C. #2

(c) COLOR OR RACE White (d) AGE AT LAST BIRTHDAY 34
 (Year)

(e) BIRTHPLACE S.C.

(f) OCCUPATION Farmer

(g) Number of children born to mother, including present birth 3

MOTHER

(a) NAME BEFORE MARRIAGE Pearl Campbell

(b) PRESENT POSTOFFICE OF MOTHER Greer S.C. #2

(c) COLOR OR RACE White (d) AGE AT LAST BIRTHDAY 24
 (Year)

(e) BIRTHPLACE S.C.

(f) OCCUPATION Housewife

(g) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) D. E. Morrow

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Campbell St

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Signed June 9, 1923 (28) S. G. Wilson 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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