

STATION, RESERVE FOR BINDING, WHITE CLANKY, WITH UNPAID INK—THIS IS A U.S. GOVERNMENT RECORD. IN CASE OF TWIN OR TRIPLETS, SEE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Fairfield</u>		STATE OF SOUTH CAROLINA		4066	
Township of <u>9</u>		Bureau of Vital Statistics			
or Inc. Town of.....		State Board of Health			
City of.....		Registration District No. <u>8</u>		Registered No. <u>3</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>William Eugene</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 18 1922</u>	
To be answered only in event of Twins or Triplets		(Name) (Month) (Day) (Year)			
FATHER		MOTHER			
(8) FULL NAME <u>Wm. ph. Gwyn</u>	(14) NAME BEFORE MARRIAGE <u>Lidia Leiby</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Kedysro & Co</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Madison St</u>				
(10) COLOR OR RACE <u>Wt. O.</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(16) COLOR OR RACE <u>Wt. O.</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)		
(12) BIRTHPLACE <u>Wilmington Co</u>	(18) BIRTHPLACE <u>Fairfield</u>				
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>				
(20) Number of children born to mother, including present birth <u>4</u>		(21) Number of children of this mother now living, including present birth <u>3</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>7:55 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>[Signature]</u>		(25) Address of Physician or Midwife <u>Madison St</u>			
(24) State whether Physician or Midwife					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
..... 19..... Registrar		(27) Filed <u>Feb 23 1922</u> (28) <u>Mrs. E. Perry</u> 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.					

5-K O D A K