

(1) PLACE OF BIRTH

County of YorkTownship of LaurensInc. Town of LaurensCity of Laurens

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

No. 5523

 Registration District No. 4404 Registered No. 15
 (For use of Local Registrar)

 (No. 5 Ward 5)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

 (2) Full Name of Child Charles Eugene (If child is not yet named, make supplemental report as directed)

(3) SEX OR GROWTH <u>Male</u>	(4) Type or Weight <u>Normal</u>	(5) Number in order of birth <u>1</u>	(6) Age of Mother <u>26</u>	(7) DATE OF BIRTH <u>March 16, 1923</u> (Month of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Charles Eugene</u>	(14) NAME BEFORE MARRIAGE <u>Charles Eugene</u>	(16) PRESENT POSTOFFICE OF FATHER <u>Laurens</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Laurens</u>
(9) COLOR & OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)
(12) BIRTHPLACE <u>Laurens, S.C.</u>	(18) BIRTHPLACE <u>Laurens, S.C.</u>	(18) BIRTHPLACE <u>Laurens, S.C.</u>	(18) BIRTHPLACE <u>Laurens, S.C.</u>
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

 (23) (Signature) Charles Eugene
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Laurens, S.C.

(Given name added from a supplemental report)

 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) John Smith
 (27) Filed 3/17/23 (28) John Smith 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.