

(1) PLACE OF BIRTH

County of Kershaw

Township of Wick

or  
Inc. Town of .....

or  
City of .....

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43087

Registration District No. 1701 Registered No. 163  
(For use of Local Registrar)

(2) Full Name of Child John Woodrow Polson child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 17, 22  
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Charles Louman Polson

(14) NAME BEFORE MARRIAGE Idwell

(9) PRESENT POSTOFFICE OF FATHER Candor # 3

(15) PRESENT POSTOFFICE OF MOTHER Candor

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Kershaw Co

(18) BIRTHPLACE Kershaw Co

(13) OCCUPATION Young

(19) OCCUPATION Housewife

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

(21) 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 born alive at 7:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. R. Nelson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Candor

Given name added from a supplemental report

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

7-15-46 191...  
Thos. C. Lesesne  
Registrar

(27) Filed Jan. 11, 1923 (28) W. R. Nelson  
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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Form No. 1, 1917, revised, No. 1, 1922, etc., in question 5.