

## (1) PLACE OF BIRTH

County of RocheTownship of St. Georgeor  
Inc. Town of St. Georgeor  
City of St. George

(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

1070

Registration District No. 1703 Registered No. 32  
(For use of Local Registrar)(2) Full Name of Child Baby Way If 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 32  
(Month of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Geo Way(9) PRESENT POSTOFFICE OF FATHER St. George S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 12

## MOTHER.

(14) NAME BEFORE MARRIAGE Verger Winbury(15) PRESENT POSTOFFICE OF MOTHER St. George S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Home(21) Number of children of this mother now living, including present birth 12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was St. George S.C. at 12 M., on the date above stated. (Born alive or stillborn) (Hour M. or P.M.)(23) (Signature) St. George S.C.(24) State whether Physician or Midwife (25) Address of Physician or Midwife St. George S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed J. H. S. (28) Miss P. C. Sledge 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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WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

BEGAN OF COLUMBIA, COLUMBIA, S. C.

N.

M.