

## (1) PLACE OF BIRTH

County of OrangeburgTownship of Willow

or

Inc. Town of .....

or

City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31754

Registration District No. 3617Registered No. 92  
(For use of Local Registrar)(2) Full Name of Child D. Leroy Halford, Jr.

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

(3) BOY OR GIRL Boy(4) Twin or Triplet No(5) Number in order of birth 2  
Is to be reported only in case of twins or triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept. 3, 1912  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME D. Leroy Halford(9) PRESENT POSTOFFICE OF FATHER Greenwood S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Businessman(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Lillian A. Price(15) PRESENT POSTOFFICE OF MOTHER Greenwood S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE S. C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 5:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. H. Allen

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

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Oct. 4, 1912 (28) L. B. Price 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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