

(1) PLACE OF BIRTH

County of YorkTownship of Bellevue

or

Inc. Town of

or

City of

(No. St. Ward)
(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

17441

Registration District No. 16.06Registered No. 51

(For use of Local Registrar)

(2) Full Name of Child

Charles McKelzie If child is not yet named, make supplemental report as directed(3) SEX OF CHILD
Male(4) Twin or Triplet
No(5) Number in order of birth
1(6) Are Parents Married
Yes(7) DATE OF BIRTH
9/9/23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME
Reggie Williams(9) PRESENT POSTOFFICE OF FATHER
Laurens(10) COLOR OR RACE
White(11) AGE AT LAST BIRTHDAY
38
(Year)(12) BIRTHPLACE
Laurens(13) OCCUPATION
Farmer(20) Number of children born to mother, including present birth
1

MOTHER.

(14) NAME BEFORE MARRIAGE
Charles Williams(15) PRESENT POSTOFFICE OF MOTHER
Laurens(16) COLOR OR RACE
White(17) AGE AT LAST BIRTHDAY
22
(Year)(18) BIRTHPLACE
Laurens(19) OCCUPATION
Housewife(21) Number of children of this mother now living, including present birth
1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... at... M.,
on the date above stated. (born alive or stillborn) (House A. M. or P. M.)(23) (Signature) W. F. Rogers

(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 23 is signed by mark)

(27) Filed 7/12 19 23 (28) W. F. Rogers 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.