

(1) PLACE OF BIRTH

County of LaurensTownship of Jefferson

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

19277

Registration District No. 29.05 Registered No. 24
(For use of Local Registrar)

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

(2) Full Name of Child William Daniel Franklin If child is not yet named, make supplemental report as directed3 BOY OR GIRL boy 4 Twin or Triplet? No 5 Number in order of birth 1 6 Are Parents Married? yes 7 DATE OF BIRTH June 9 22
(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Grover Franklin9 PRESENT POSTOFFICE OF FATHER Clinton S.C. Rte 110 COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 21
(Years)12 BIRTHPLACE Laurens Co. S.C.13 OCCUPATION Farmer14 Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Poole(15) PRESENT POSTOFFICE OF MOTHER Clinton S.C. Rte 1(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE Laurens Co. S.C.(19) OCCUPATION House wife(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 Born alive at 11 P
on the date above stated. (Born alive or stillborn: (Hour P. M. or P. M.)(23) (Signature) Laura Bradley(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Clinton S.C. Rte 1

Given name added from a supplemental report

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

(27) Filed June 19 1922 (28) F. L. Dorman
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.