

Form No. 1

(1) PLACE OF BIRTH

County of Dillon
 Township of Latta
 Inc. Town of Latta
 City of Latta

CERTIFICATE OF BIRTH

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

Registration District No. 1606

File No. — For State Registrar Only

2457

Registered No. 2
 (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 Eugene

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 1st (6) Age Parents Married 17 (7) DATE OF BIRTH Feb 27 1925
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lester Eugene
 (9) PRESENT POSTOFFICE OF FATHER Latta
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24
 (12) BIRTHPLACE Latta
 (13) OCCUPATION Laborer
 (14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Eller Lyle
 (15) PRESENT POSTOFFICE OF MOTHER Latta
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
 (18) BIRTHPLACE Latta
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. (22) (Signature) Lester Eugene (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Latta

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark) (26) Date 2/27/25 (27) W. J. Rogers

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child dies before birth, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.