

**II (1) PLACE OF BIRTH**

County of Laurens  
Township of Boals  
or  
Inc. Town of.....  
or  
City of.....  
(If birth occurs in a hospital or

# CERTIFICATE OF BIRTH

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

Registration District No. ....

File No.—For State Registrar Only

43255

Registered No. 136  
(For use of Local Registrar)

(No. .... St.; ..... Ward)  
(institution, give name of same instead of street and number.)

**(2) Full Name of Child**

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 3

(6) Are Parents Married?

(7) DATE OF BIRTH.....TS. 22  
(Name of Month) (Day) (Year)

## FATHER

(B) FULL NAME Ferd S. Stoddard

(7) PRESENT POSTOFFICE OF FATHER *Quinnas SC*

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28  
(Years)

(12) BIRTHPLACE *Lawrence Co SC*

(13) OCCUPATION  
Farmer

(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE *Theressin Barkley*

(15) PRESENT POSTOFFICE OF MOTHER *Owning SC*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY.....*27*.....  
(Years)

(10) BIRTHPLACE Laurens Co S.C.

(18) OCCUPATION  
Domestic

(21) Number of children of this mother now living, including present birth 52

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 7:00 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(34) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Jan 6 1940 (28) 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.