

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND NUMBER FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH

County of Lufkin  
 Township of Chapin  
 or  
 Inc. Town of Buttsburg  
 or  
 City of .....

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

File No.—For State Registrar Only  
31118

Registration District No. 31-A Registered No. 53  
 (For use of Local Registrar)  
 (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Laura Welch (If child is not yet named, make supplemental report as directed)

|   |   |                              |  |   |
|---|---|------------------------------|--|---|
| (3) BOY OR GIRL<br><u>girl</u>  | (4) Twin or Triplet?<br>To be answered only in event of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married?<br><u>yes</u>   | (7) DATE OF BIRTH<br><u>July 1 1922</u><br>(Name of Month) (Day) (Year) |
| FATHER.   |   |                              | MOTHER.  |   |
| (8) FULL NAME<br><u>Isaac Edward Welch</u>                                  |   |                              | (14) NAME BEFORE MARRIAGE<br><u>Laura Ann</u>  |   |
| (9) PRESENT POSTOFFICE OF FATHER<br><u>Buttsburg</u>                        |   |                              | (15) PRESENT POSTOFFICE OF MOTHER<br><u>Buttsburg</u>                                  |   |
| (10) COLOR OR RACE<br><u>white</u>  |   |                              | (16) COLOR OR RACE<br><u>white</u>   |   |
| (11) AGE AT LAST BIRTHDAY<br><u>33</u><br>(Years)                           |   |                              | (17) AGE AT LAST BIRTHDAY<br><u>18</u><br>(Years)                                      |   |
| (12) BIRTHPLACE<br><u>Summit</u>  |   |                              | (18) BIRTHPLACE<br><u>Meator Co Sd</u>   |   |
| (13) OCCUPATION<br><u>minister</u>  |   |                              | (19) OCCUPATION<br><u>housewife</u>  |   |
| (20) Number of children born to mother, including present birth<br><u>1</u> |   |                              | (21) Number of children of this mother now living, including present birth<br><u>1</u> |   |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. L. Ballinger  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Buttsburg

Given name added from a supplemental report  
 (26) Witness (Signature of Witness necessary only when question 23 is signed by track)  
 (27) Filed July 5 1922 (28) L. J. Atkinson 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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