

(1) PLACE OF BIRTH

County of Dillon
Township of Waddy Swamp
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
19642

Registration District No. 203 Registered No. 22
(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

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin Twin (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH July 12 1923
(If child is not yet named, make supplemental report as directed)

FATHER.
(8) FULL NAME G. W. Durrant
(9) PRESENT POSTOFFICE OF FATHER Wagram
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 60
(12) BIRTHPLACE S.C.
(13) OCCUPATION Merchant
(20) Number of children born to mother, including present birth 19

MOTHER.
(14) NAME BEFORE MARRIAGE Ellen Oswald
(15) PRESENT POSTOFFICE OF MOTHER Wagram
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34
(18) BIRTHPLACE S.C.
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 16

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature] (24) State whether Physician or Midwife (25) Address of Physician or Midwife Wagram

Given name added from a supplemental report
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.....
..... 19

(26) Witness
(27) Filed July 13 1923 Local Registrar.

When there was no attending physician or midwife, 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.

Form 10-Columbus, Columbia, S. C.