(1) PLACE OF BIRTH

County of Newberry

Township of No. 4

or

Inc. Town of Whitmire

or

City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
4671

Registration District No. 3402 Registered No. 13
(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 William M. Stapleton | 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 — | (6) Are Parents Married? Yes | (7) DATE OF BIRTH 2/8 1923 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME	Barney Stapleton	(14) NAME BEFORE MARRIAGE	Elizabeth Manus
(9) PRESENT POSTOFFICE OF FATHER	Whitmire, SC	(15) PRESENT POSTOFFICE OF MOTHER	Whitmire, SC
(10) COLOR OR RACE	White	(16) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY	22 (Years)	(17) AGE AT LAST BIRTHDAY	23 (Years)
(12) BIRTHPLACE	Hawkins Co., Tenn	(18) BIRTHPLACE	Hawkins Co., Tenn
(13) OCCUPATION	Cotton Mill Operative	(19) OCCUPATION	Domestic
(20) Number of children born to mother, including present birth	3	(21) Number of children of this mother now living, including present birth	3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:45 P.M., on the date above stated.
(Born alive or stillborn) (Hour ~~A.M.~~ or P. M.)

(23) (Signature) Killam J. B. Thomas

(24) State whether Physician or Midwife Physician | (25) Address of Physician or Midwife Whitmire SC

Given name added from a supplemental report

[illegible]

..... 19 ....
Registrar

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

(27) Filed March 1923 (28) R. M. Dunlap
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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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 3.
Bureau of Columbia, Columbia, S. C.