

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH				CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;">20707</div>	
County of <u>Aiken</u> Township of <u>Milbrook</u> or Inc. Town of or City of (No St.; Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)				Registration District No. <u>207</u>		Registered No. <u>32</u> (For use of Local Registrar)	
(2) Full Name of Child <u>Willie Furches</u>				{ If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>		(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>		(5) Number in order of birth		(6) Are Parents Married? <u>Yes</u>	
				(7) DATE OF BIRTH <u>July 4</u> 19 <u>22</u> <small>(Name of Month) (Day) (Year)</small>			
FATHER.				MOTHER.			
(8) FULL NAME <u>Chad Furches</u>				(14) NAME BEFORE MARRIAGE <u>Tabell Roundtree</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Aiken SC</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Aiken SC</u>			
(10) COLOR OR RACE <u>Colored</u>		(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)		(16) COLOR OR RACE <u>Colored</u>		(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
(12) BIRTHPLACE <u>Orangeburg SC</u>				(18) BIRTHPLACE <u>Aiken Co SC</u>			
(13) OCCUPATION <u>Farmer</u>				(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>Two</u>				(21) Number of children of this mother now living, including present birth <u>Two</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE							
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>8 am</u> on the date above stated. <small>(born alive or stillborn) (Hour, A. M. or P. M.)</small>							
(23) (Signature) <u>Dr. Farmer</u>							
(24) State whether Physician or Midwife (25) Address of Physician or Midwife							
Given name added from a supplemental report				(26) Witness <small>(Signature of Witness necessary only when question 23 is signed by mark)</small>			
..... 19 Registrar				(27) Filed <u>July 15</u> 19 <u>22</u> (28) <u>G. H. Crook</u> Local Registrar.			

MCCAW OF COLUMBIA, COLUMBIA, S. C.

*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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