

## (1) PLACE OF BIRTH

County of

*Florence*

Township of

*11*

Inc. Town of

or

City of

*Florence*

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42780

Registration District No. *20-A*Registered No. *269*

(For use of Local Registrar)

(No. *131*, *Howard*St.: *2* 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 Temple*

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

(3) BOY OR

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*Ed. Temple*

(9) PRESENT POSTOFFICE OF FATHER

*Florence, S.C.*

(10) COLOR OR RACE

*Brown*

(11) AGE AT LAST BIRTHDAY

*36*

(Years)

(12) BIRTHPLACE

*Tennessee*

(13) OCCUPATION

*Fireman*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Hattie Brown*

(15) PRESENT POSTOFFICE OF MOTHER

*Florence, S.C.*

(16) COLOR OR RACE

*Brown*

(17) AGE AT LAST BIRTHDAY

*32*

(Years)

(18) BIRTHPLACE

*Florence, S.C.*

(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 *12:15 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *M. D.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Florence, S.C.*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Jan. 5 1916*

(28)

*b. b. Craft M.D.*

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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