

(1) PLACE OF BIRTH

County of Darlington
 Township of Hartsville

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41975

or
 Inc. Town of Registration District No. 13-02 Registered No. 127
 or
 City of (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

(1) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec, 20, 1912
 To be answered only in case of Twin or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charley Guez

(9) PRESENT POSTOFFICE OF FATHER Hartsville SC

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Liza Mason

(15) PRESENT POSTOFFICE OF MOTHER Hartsville SC

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) William R. Ragsdale
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Jan 1, 1913 (28) W. J. McKague 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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