

(1) PLACE OF BIRTH

County of Monticello
 Township of 15
 or
 Inc. Town of Monticello
 or
 City of 52

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

No. 28237 — For State Registrar Only

Registration District No. 15

Registered No. 34
 (For use of Local Registrar)

(2) Full Name of Child

(3) SEX OF CHILD Boy (4) Type or Type 1 (5) Number in order of birth 1 (6) Age at birth 20 (7) DATE OF BIRTH 1 23
 (Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME
 (9) PRESENT POSTOFFICE OF FATHER
 (10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY 30
 (Year)
 (12) BIRTHPLACE
 (13) OCCUPATION
 (14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Wagge Williams
 (15) PRESENT POSTOFFICE OF MOTHER Monticello
 (16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 30
 (Year)
 (18) BIRTHPLACE P.C.
 (19) OCCUPATION Labourer
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) D. E. S. Charles

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Monticello

Given name added from a supplement-
 tal report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed 1 23 (27) C. S. R. L. H. 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.