

Form No. 1

(1) PLACE OF BIRTH

County of BeaufortTownship of Sheldonor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

37332

Registration District No. Registered No. 92

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

3 SEX OR CHILD <u>Boy</u>	4 Twin or Triplet? <u>No</u>	5 Number in order of birth <u>9</u>	6 Are Parents Married? <u>Yes</u>	7 DATE OF BIRTH <u>Nov 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Edward Latch(9) PRESENT POSTOFFICE OF FATHER Sheldon(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38(12) BIRTHPLACE Hampton Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Ethel O'Byrne(15) PRESENT POSTOFFICE OF MOTHER Sheldon(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27(18) BIRTHPLACE Cottler Co(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth 5

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, M. or P. M.)(23) (Signature) Phoebe Hamilton (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 (28) 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.