

(1) PLACE OF BIRTH

County of Myrtle Beach
 Township of No. 1
 or
 Loc. Town of
 or
 City of

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

Registration District No. 1408

File No. - For State Registrar Only
21975

Registered No. 63
 (For use of Local Registrar)

St.; Ward)
 (if birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child

(1) BOY OR GIRL Boy (2) Twin or Triplet No (3) Number in order of birth 1
 To be answered only in case of Twin or Triplet

FATHER
 (4) FULL NAME Wm. A. Island

(5) PRESENT POSTOFFICE OF FATHER Brooklyn, N.Y.

(6) COLOR OR RACE White (7) AGE AT LAST BIRTHDAY 20 (Year)

(8) BIRTHPLACE S.C.

(9) OCCUPATION Mill & Furniture

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

(11) Are Parents Married? Yes (12) DATE OF BIRTH July 29, 23
 (Name of Month) (Day) (Year)

MOTHER
 (13) NAME BEFORE MARRIAGE William & Maria

(14) PRESENT POSTOFFICE OF MOTHER Brooklyn, N.Y.

(15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 18 (Year)

(17) BIRTHPLACE S.C.

(18) OCCUPATION Domestic

(19) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at 9 A.M.
 on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)

(21) (Signature) Wm. A. Island (22) Address of Physician or Midwife Brooklyn, N.Y.

(23) State whether Physician or Midwife Physician

Given name added from a supplemental report

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

(25) Page 2 is 23 (26) J. S. Cunningham Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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