

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

If birth occurs in a hospital or other institution, give name of same instead of street and number.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

1676

Registration District No. 5401 Registered No. 15

(For use of Local Registrar)

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: Jan. 23, 1927
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FATHER'S NAME: Arthur Copeland #2
 (9) PRESENT POSTOFFICE OF FATHER: Candlen #2
 (10) COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY: 22 (Years)
 (12) BIRTHPLACE: Kershaw Co
 (13) OCCUPATION: Instle
 (14) MOTHER'S NAME BEFORE MARRIAGE: Mary Adell Cameron
 (15) PRESENT POSTOFFICE OF MOTHER: Candlen #2
 (16) COLOR OR RACE: White (17) AGE AT LAST BIRTHDAY: 20 (Years)
 (18) BIRTHPLACE: Kershaw Co
 (19) OCCUPATION: House wife
 (20) Number of children born to mother, including present birth: One (21) Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 1 P M. on the date above stated, (Hour A. M. or P. M.)

(23) (Signature) W. H. Dyer
 (24) State whether Physician or Midwife: Physician (25) Address of Physician or Midwife: Candlen

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by Physician)
 (27) FRS: Jan 30 1927 (28) W. H. Dyer 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.