

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

City of

(No. ....) Registration District No. 4009 Registered No. 77  
(For use of Local Registrar)  
if birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; ..... Ward)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

23988

## 2. Full Name of Child

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

3. BOY OR  
GIRLGirl(4) Twin  
or Triplet?

Is to be answered only in case of Twins or Triplets

(5) Number in  
order of birth(6) Are  
Parents  
Married?(7) DATE OF  
BIRTH

(Name of Month) (Day) (Year)

June 30 22

## FATHER.

(8) FULL  
NAMEHus Grogan(9) PRESENT  
POSTOFFICE  
OF FATHERWoodruff(10) COLOR  
OR  
RACEWhite(11) AGE AT LAST  
BIRTHDAY

(Years)

22

(12) BIRTHPLACE

City Co

(13) OCCUPATION

Farmer(14) Number of children born to  
mother, including present birth3(14) NAME BEFORE  
MARRIAGE

## MOTHER.

Sila Lawson(15) PRESENT  
POSTOFFICE  
OF MOTHERWoodruff(16) COLOR  
OR  
RACEWhite(17) AGE AT LAST  
BIRTHDAY

(Years)

23

(18) BIRTHPLACE

City Co

(19) OCCUPATION

Farmer wife(20) Number of children of this mother  
now living, including present birth2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement  
report

(26) Witness

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

(27) Filed

Aug 8 1922

(28)

Chas. T. Boyles  
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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
McGraw-Hill Co. FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

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