

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Edgefield</u>		STATE OF SOUTH CAROLINA		34242	
Township of <u>Alstee</u>		Bureau of Vital Statistics			
Inc. Town of .....		State Board of Health			
City of .....		Registration District No. <u>1801</u>		Registered No. <u>23</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St. .... Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>William Manuel Childs</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct 31 1922</u>	
To be answered only in case of Twins or Triplets		(Name of Month) (Day) (Year)			
FATHER		MOTHER			
(8) FULL NAME <u>Rock Philpox</u>	(14) NAME BEFORE MARRIAGE <u>Lizann Walton</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Phosant Law S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Phosant Law S.C.</u>				
(10) COLOR OR RACE <u>col</u>	(11) AGE AT LAST BIRTHDAY <u>27</u>	(16) COLOR OR RACE <u>col</u>	(17) AGE AT LAST BIRTHDAY <u>24</u>		
(12) BIRTHPLACE <u>Edgefield county S.C.</u>		(18) BIRTHPLACE <u>Edgefield Co S.C.</u>			
(13) OCCUPATION <u>Farming</u>		(19) OCCUPATION <u>House Wife</u>			
(20) Number of children born to mother, including present birth <u>4</u>		(21) Number of children of this mother now living, including present birth <u>4</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>6 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)					
(23) (Signature) <u>Miss Edith Guenther Walton</u>					
(24) State whether Physician or Midwife / (25) Address of Physician or Midwife <u>Phosant Law S.C.</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
..... 19 .....		(27) Filed <u>Nov 6 1922</u> (28) <u>W. H. Harrison</u> Local Registrar			
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.