

(1) PLACE OF BIRTH

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County of BarnwellTownship of Great Cypressor
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

24844

Registration District No. Registered No.
(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 William Henry Ulmer If child is not yet named, make supplemental report as directed3 SEX OR GIRL Boy 4) Twin or Triplet? 5) Number in order of birth 6) Are Parents Married? yes 7) DATE OF BIRTH May 14 19 22
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

8 FULL NAME W H Ulmer(14) NAME BEFORE MARRIAGE Anna Hagg9 PRESENT POSTOFFICE OF FATHER Kline sc(15) PRESENT POSTOFFICE OF MOTHER Kline sc10 COLOR OR RACE White 11 AGE AT LAST BIRTHDAY 47
(Years)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31
(Years)12 BIRTHPLACE S.C.(18) BIRTHPLACE S.C.13 OCCUPATION Farmer(19) OCCUPATION Housewife14 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*

(2) I hereby certify that I attended the birth of this child, who was Alive at 11 a M.,
on the date above stated. (Both alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) F H Boyd M D

(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 19 .. (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.

Registrar

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