

(1) PLACE OF BIRTH

County of FlorenceTownship of Lake CityInc. Town of
or

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 use of Registrar only

17598

Registration District No. 20-B Registered No. 14

(For use of Local Registrar)

(No. of St. Ward)

2) Full Name of Child William Luther Price If child is not yet named, make supplemental report as directed(3) DATE OF BIRTH Feb. 22, 23
(Name of Month) (Day) (Year)(4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes(7) FULL NAME William Luther Price (14) NAME BEFORE MARRIAGE Wm. L. Matthews(8) PRESENT POSTOFFICE OF FATHER Lake City S.C. (15) PRESENT POSTOFFICE OF MOTHER Lake City S.C.(9) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 26 (17) AGE AT LAST BIRTHDAY 21
(Years) (Years)(18) BIRTHPLACE Williamburg Co. (19) OCCUPATION mechanic(20) OCCUPATION housewife

(21) Number of children born to (22) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

23) I hereby certify that I attended the birth of this child, who was alive at 2 A M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) W. L. Whitehead (25) Address of Physician or Midwife Lake City S.C.

(26) State whether Physician or Midwife (27) Address of Physician or Midwife

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

(29) Filed 6/19/25 (30) R. L. Carter Local Registrar

Registrar

If no attending physician or midwife, then the father, householder, etc., should make this return. If the 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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