

(1) PLACE OF BIRTH

County of Charleston, STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health
 Township of Summerville
 or Town of Summerville Registration District No. 17A
 City of Summerville (No. 17A)

File No. — For State Registrar Only

3074

Registered No. 10
(For use of Local Registrar)

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

(2) Full Name of Child

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

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Jan 23 1933</u>
FATHER			MOTHER	
(8) FULL NAME <u>David D. DeFinger</u>			(14) NAME BEFORE MARRIAGE <u>Eda Johnson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Summerville, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Summerville, S.C.</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>41</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>41</u> (Years)	
(12) BIRTHPLACE <u>Summerville, S.C.</u>			(18) BIRTHPLACE <u>Summerville, S.C.</u>	
(13) OCCUPATION <u>hair dresser</u>			(19) OCCUPATION <u>housewife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born born alive on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Physician
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Summerville

Given name added from a supplemental report

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

(27) Filed 15 (28) 19 (29) 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.

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