

## (1) PLACE OF BIRTH

County

Township

or  
Inc. Town of

City of

**CERTIFICATE OF BIRTH**  
**STATE OF SOUTH CAROLINA**  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 4103No. — For State Registrar Only  
**30211**Registered No. 72  
(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 Wayne Franklin2 SEX OR  
ONLY(4) Twin  
or Triplet(5) Number in  
order of birth  
To be answered only in event of Twin or TripletAre  
Parents  
Married(7) DATE OF  
BIRTH Sept 10 1923  
(Name of Month) (Day) (Year)

## FATHER.

3 FULL  
NAMEJohn R. Franklin4 PRESENT  
POSTOFFICE  
OF FATHERSumner S.C. # 2(10) COLOR  
OR  
RACEWhite(11) AGE AT LAST  
BIRTHDAY43  
(Years)

5 BIRTHPLACE

Cross Keys S.C., Quinlan Co.

6 OCCUPATION

Farmer7 Number of children born to  
mother, including present birth3

## MOTHER.

(14) NAME BEFORE  
MARRIAGEEula Esten Parker(15) PRESENT  
POSTOFFICE  
OF MOTHERSumner S.C. # 2(16) COLOR  
OR  
RACEWhite(17) AGE AT LAST  
BIRTHDAY31  
(Years)

(18) BIRTHPLACE

Cross Keys S.C., Quinlan Co.

(19) OCCUPATION

at home(21) 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 born alive at 4:45 P.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

affid.PhysicianCross Keys S.C.Given name and from a supplement-  
ary reportM. B. W. - M. D.6/10/4319  
Registrar

(26) Witness

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

(27) Filed

Sept 181923

(28)

C. D. Hanner

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