

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of Conroe

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

43863

Township of

or
Inc. Town of Wachula Registration District No. 357 Registered No. 71
(For use of Local Registrar)

City of (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 Edward Stegall If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 5 1912
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Edward Lloy Stegall

(14) NAME BEFORE MARRIAGE Maggie Viola White

(9) PRESENT POSTOFFICE OF FATHER Wachula S.C.

(15) PRESENT POSTOFFICE OF MOTHER Wachula S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Conroe Co S.C.

(18) BIRTHPLACE Conroe Co S.C.

(13) OCCUPATION Mill hand

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 3

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 P. M., on the date above stated. (Born Alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. Rosa Brown

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Richland S.C.

Given name added from a supplemental report

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

(27) Filed Dec 9 1912 (28) R. A. ... 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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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 5.

State of Columbia