

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. 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 State Registrar Only

16826

Registration District No. 4009 Registered No. 67  
(For use of Local Registrar)

(2) Full Name of Child Dave Betton Stagg 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?

(7) DATE OF BIRTH

May 28 22  
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME D. S. Stagg

(9) PRESENT POSTOFFICE OF FATHER Switzer P.C.

(10) COLOR OF RACE white (11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Atlanta Ga

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 6

MOTHER

(14) NAME BEFORE MARRIAGE Josie Carter

(15) PRESENT POSTOFFICE OF MOTHER Switzer P.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31 (Years)

(18) BIRTHPLACE Georgia

(19) OCCUPATION Dom

(20) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 A.M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) B. J. Workman

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Phy Woodruff P.C.

Given name added from a supplemental report

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

(27) Filed June 12 22 (28) Chap L Boyter 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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