

MARGIN RESERVE FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.

Form No. 5

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of Charleston

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

Registration District No. 9A

File No.—For State Registrar Only

563

Registered "No." 144
(For use of Local Registrar)

(No. 18 of Williams St. St.) Ward)

(2) Full Name of Child William D. Lach

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

(3) SEX OR AGE Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 21, 1932
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>William D. Lach</u>	(14) NAME BEFORE MARRIAGE <u>William D. Lach</u>	(9) PRESENT POSTOFFICE OF FATHER <u>18 Williams St.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>18 Williams St.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>2</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(12) BIRTHPLACE <u>W. Va.</u>	(18) OCCUPATION <u>Teacher</u>	(16) BIRTHPLACE <u>W. Va.</u>	(19) OCCUPATION <u>Teacher</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. (Hour A. M. or P. M.) 8:30 A. M.

(23) (Signature) Marie C. Kardall
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 65 Leachman St.

Given name added from a supplemental report
(26) Witnesses (Signature of Witness necessary only if question 23 is signed by mark)
(27) Filed 7/1 (28) J. M. Lach 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.

Minister of Education, Columbia, S. C.