

Form No. 1

(1) PLACE OF BIRTH

County of Berkeley
 Township of St. John
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. for State Registrar Only
2996

Registration District No. 742

Registered No. 13
 (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 Squire

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

(a) SEX ON BIRTH boy (c) Type or Tissue To be entered only in event of Twin or Triplets (d) Number in order of birth (e) Are Parents Married no (f) DATE OF BIRTH Feb 7 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leont us
 (9) PRESENT POSTOFFICE OF FATHER Leont us
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY Leont us
 (Year) (12) BIRTHPLACE Leont us
 (13) OCCUPATION Leont us
 (14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Squire
 (15) PRESENT POSTOFFICE OF MOTHER Pineville SC
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28
 (Year) (18) BIRTHPLACE Berkeley Co SC
 (19) OCCUPATION Farm Laborer
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Rachel F. Wright

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Pineville

Given name added from a supplemental report

(25) Witness W. H. Wright
 (Signature of Witness necessary only when question is signed by mark)

(26) Filed 2/11/23 (27) R. A. Lincoln

When there was no attending physician or midwife, then the father, householder, or other person present at the birth of the child must sign this certificate. If a child breathes even once, it must not be reported as stillborn. No report is required before the fifth month of pregnancy.