

Form No. 1

(1) PLACE OF BIRTH

County of Dillon Township of Manning or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

17432

Registration District No. 1605 Registered No. 57
(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 J.P. Bauder If child is not yet named, make
supplemental report as directed

(1) BOY OR GIRL <u> Boy </u>	(4) Twin or Triplet? <u> No </u>	(5) Number in order of birth <u> 1 </u>	(6) Are Parents Married? <u> Yes </u>	(7) DATE OF BIRTH <u> June 23 1923 </u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u> John Boyd Bauder </u>			(14) NAME BEFORE MARRIAGE <u> Alpha Westford </u>	
(9) PRESENT POSTOFFICE OF FATHER <u> Dillon S.C. </u>			(15) PRESENT POSTOFFICE OF MOTHER <u> Dillon S.C. </u>	
(10) COLOR OR RACE <u> White </u>	(11) AGE AT LAST BIRTHDAY <u> 29 </u> (Years)	(16) COLOR OR RACE <u> White </u>		
(12) BIRTHPLACE <u> Dillon C.C. </u>		(17) AGE AT LAST BIRTHDAY <u> 20 </u> (Years)		
(13) OCCUPATION <u> Cotton Mill Work </u>		(18) BIRTHPLACE <u> Dillon C.C. </u>		
(19) OCCUPATION <u> House Work </u>		(20) OCCUPATION <u> House Work </u>		
(21) Number of children born to mother, including present birth <u> 2 </u>			(22) Number of children of this mother now living, including present birth <u> 2 </u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(23) I hereby certify that I attended the birth of this child, who was Born alive at 12 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) Mrs. Mary Westford

(24) State whether Physician or Midwife

(24) Address of Physician or Midwife

 Midwife Dillon S.C. Given name added from a supplement
report

(25) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) June 25 1923

(28)

(29)

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.