

OF BIRTH

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

File No.—For State Registrar Only
87556

in of

Birth occurs in a hospital or other institution, give name of same instead of street and number.
Registration District No. **4009** Registered No. **152** (For use of Local Registrar)
St.; Ward)

Name of Child **June Hazel West** If child is not yet named, make supplemental report as directed

(4) Twin or Triplet? **No** (5) Number in order of birth **1** (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **Nov. 20, 1916** (Name of Month) (Day) (Year)

FATHER.
(14) NAME BEFORE MARRIAGE **William Golden West**
(15) PRESENT POSTOFFICE OF MOTHER **Woodruff, P.C.**
(16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **26** (Years)
(18) BIRTHPLACE **Union Co. S.C.**
(19) OCCUPATION **Farmer**
(21) Number of children of this mother now living, including present birth **Two**

MOTHER.
(14) NAME BEFORE MARRIAGE **Mary Eva Fincher**
(15) PRESENT POSTOFFICE OF MOTHER **Woodruff, P.C.**
(16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **19** (Years)
(18) BIRTHPLACE **Union Co. S.C.**
(19) OCCUPATION **Housewife**
(21) Number of children of this mother now living, including present birth **Two**

Number of children born to mother, including present birth **Two**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:
I hereby certify that I attended the birth of this child, who was **born alive**, at **2:15 P.M.** (Hour A.M. or P.M.)
(Born alive or stillborn)
Samuel M. Moore M.D.
(23) (Signature) (24) State whether Physician or Midwife **Physician** (25) Address of Physician or Midwife **Woodruff, P.C.**

Given name added from a supplemental report **191**

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) **Chas. Boster**
(27) Filed **12/9 1916** (28) 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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For State Registrar Only
587

No. **126**
Local Registrar)

Ward)
yet named, make report as directed

3 1916
(Day) (Year)

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