

(1) PLACE OF BIRTH

County of Union
Township of Union
or
Inc. Town of.....
or
City of.....

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

No. 30446

Registration District No. 4207 Registered No. 931
(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 Fred R. Bailey (If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL BOY GIRL
4. Type of Birth Single Multiple
5. Number in order of birth
6. Age of Mother 25
7. DATE OF BIRTH 9-28-23
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Fred Bailey
(9) PRESENT POSTOFFICE OF FATHER Union S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27
(12) BIRTHPLACE Union S.C.
(13) OCCUPATION Teacher
(20) Number of children born to mother, including present birth 5

MOTHER
(14) NAME BEFORE MARRIAGE Ethel Young
(15) PRESENT POSTOFFICE OF MOTHER Union S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
(18) BIRTHPLACE Union S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. P. McGeary
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Union S.C.

(Given name added from a supplemental report)
Garnie Fairley
Garnie Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 10 10 23 (28) D. V. Jarrell 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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