

(1) PLACE OF BIRTH

County of Charleston
 Township of Lowndes
 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

22542

Registration District No. 406Registered No. 99
(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 Cecil Charles If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <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>July 25 1933</u>
(8) FATHER FULL NAME <u>Frank Charles</u> PRESENT POSTOFFICE OF FATHER <u>Irman, S.C.</u> COLOR OR RACE <u>White</u> BIRTHPLACE <u>Irman Co S.C.</u> OCCUPATION <u>Farmer</u>			(9) MOTHER NAME BEFORE MARRIAGE <u>Nancy West</u> PRESENT POSTOFFICE OF MOTHER <u>Irman S.C.</u> COLOR OR RACE <u>White</u> BIRTHPLACE <u>Irman Co S.C.</u> OCCUPATION <u>Housewife</u>	
(10) Number of children born to mother, including present birth <u>1</u> <u>2</u>			(11) Number of children of this mother now living, including present birth <u>1</u> <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. J. Chapman
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Irman S.C.

Given name added from a supplement-
 report

M. T. B. - M. T. B.

6/5/43 19

Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by midwife)

(27) Filed Aug 1 1933 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.