

No. 1

(1) PLACE OF BIRTH

County of Storry
 Township of Galivants Ferry
 or
 Inc. Town of
 or
 City of (No. St. Ward)

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

File No.—For State Registrar Only
41006

Registration District No. Registered No. 141
 (For use of Local Registrar)

(2) Full Name of Child

(a) BOY OR GIRL Boy (b) Twin or Triplet ☒ (c) Number in order of birth ☒ (d) Age of Parent Married 96 (e) DATE OF BIRTH Dec 29 1923
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) (If child is not yet named, make supplemental report as directed)

FATHER.

(1) FULL NAME Archie Lindale
 (2) PRESENT RESIDENCE OR OFFICE OF FATHER Galivants Ferry, S.C. #1
 (3) COLOR OR RACE White (4) AGE AT LAST BIRTHDAY 23 (Year)
 (5) BIRTHPLACE Marion Co., S.C.
 (6) OCCUPATION Farming
 (7) Number of children born to mother, including present birth 2

MOTHER.

(10) NAME BEFORE MARRIAGE Mary Lawton
 (11) PRESENT RESIDENCE OR OFFICE OF MOTHER Galivants Ferry, S.C. #1
 (12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 28 (Year)
 (14) BIRTHPLACE Storry Co., S.C.
 (15) OCCUPATION Wife
 (16) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(18) I hereby certify that I attended the birth of this child, who was born alive at 2:04 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(19) (Signature) W. E. King
 (20) State whether Physician or Midwife NO (21) Address of Physician or Midwife Aynor, S.C.

Given name added from a supplemental report

(22) Witness (Signature of Witness necessary only when question 18 is signed by mark)
John D. King
 (23) Registrar John D. King

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.