

(1) PLACE OF BIRTH

County of UnionTownship of Unionor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 14. - For State Registrar Use

5416

Registration District No. 4207 Registered No. 15

(For use of Local Registrar)

(2) Full Name of Child

(If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD

(4) Male or Female

(5) Number in order of birth

(6) Age

(7) DATE OF BIRTH

BIRTH 7-25-23
(Month of Month) (Day) (Year)

FATHER

(8) FULL NAME

H. S. Fisher

(9) PRESENT POSTOFFICE OF FATHER

Union S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

20
(Year)

(12) BIRTHPLACE

Ball Inc. V.C.

(13) OCCUPATION

Telephone Lineman

MOTHER

(14) NAME BEFORE MARRIAGE

Ellah M. Saunders

(15) PRESENT POSTOFFICE OF MOTHER

Union S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24
(Year)

(18) BIRTHPLACE

Ball Inc. V.C.

(19) OCCUPATION

Teacher

(20) Number of children born to mother, including present birth

2

(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 10:15 M., on the date above stated. (Born alive or stillborn) (Hour - M. or P. M.)(23) (Signature) A. P. McElroy

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Union S.C.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed 3-10-23(28) D. J. Darroth 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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