

117

(1) PLACE OF BIRTH
 County of Orange
 Township of Highway 5th
 Inc. Town of
 City of

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

No. 2673
 For State Registrar Only

Registration District No. 206 Registered No.
 (For use of Local Registrar)

(2) Full Name of Child Paul Whitstone (If child is not yet named, make supplemental report as directed)

(3) SEX OR CHILD Boy (4) Twin or Triplet - (5) Number in order of birth - (6) Age of mother 27 (7) DATE OF BIRTH Feb 27 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME David Whitstone
 (9) PRESENT POSTOFFICE OF FATHER Corry, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Ephi Stearns
 (15) PRESENT POSTOFFICE OF MOTHER Perry, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
 (22) I hereby certify that I attended the birth of this child who was born at 6:30 P.M. on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Paul A. Phillips
 (24) State of Physician (25) Address of Physician or Midwife Springfield, 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 Feb 23 1923 (28) W. K. Local Registrar.

WRITE PLAINLY. WITH SPACING, ETC.—THIS IS A PERMANENT RECORD.
 M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

*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.