

(1) PLACE OF BIRTH

County of Dorchester

Township of

or
Inc. Town of Hortonvilleor
City of

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

(2) Full Name of Child W T Langley JrFile No. - For State Registrar Only
17334

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 15Registered No. 68
(For use of Local Registrar)(No. 9/6/23 St. 1 Ward)(3) BOY OR
GIRL(4) Twin
or Triplet(5) Number in
order of birth
To be answered only in event of Twin or Triplet(6) Are
Parents
Married yes(7) DATE OF
BIRTH Sept 25 - 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE(11) AGE AT LAST
BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 P.
on the date above stated. (Born alive or stillborn Hour M. or P. M.)(23) (Signature) S. Beckham

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed to mark)(27) Filed July 9 23

(28)

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.If a child breathes even once, it must not be reported as stillborn.
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