

(1) PLACE OF BIRTH

County of Orange
 Township of West Union
 or
 Inc. Town of West Union
 or
 City of

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

No. for State Registrar's
22042

Registration District No. 1-108 Registered No. 54
 (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.)
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Birth To be answered only in case of Twin or Triplet	(5) No. of Children <u>yes</u>	(6) DATE OF BIRTH <u>July 5, 1923</u> (Month) (Day) (Year)
FATHER		MOTHER	
(7) FULL NAME <u>William John Schroder</u>		(14) NAME BEFORE MARRIAGE <u>Margie Myrtle Visage</u>	
(8) PRESENT POSTOFFICE OF FATHER <u>West Union S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>West Union S.C.</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>46</u> (Year)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Year)
(12) BIRTHPLACE <u>Genee Co. S.C.</u>		(18) BIRTHPLACE <u>Genee Co. S.C.</u>	
(13) OCCUPATION <u>Mechanic</u>		(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>5</u>		(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(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 22 is signed by mark)

(27) Filed Aug 8, 1923 (28) M. L. H. H.
 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.