[illegible] OF BIRTH

CERTIFICATE OF BIRTH

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

[illegible] 14675

County of .....
Township of .....
or
Sec. Town of Gills Creek
or
City of .....

Registration District No. 2801 Registered No. 88 (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.)

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

(3) Sex or Child?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) Date of Birth
Boy	To be answered only in event of Twins or Triplets		Yes	March 29, 1923 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) Full Name: John Roach Vinson	(14) Name before Marriage: Mary Ellen Howell
(9) Present Postoffice of Father: Lancaster S.C.	(15) Present Postoffice of Mother: Lancaster S.C.
(10) Color or Race: White (11) Age at last birthday: 37 (Years)	(16) Color or Race: White (17) Age at last birthday: 33 (Years)
(12) Birthplace: S.C.	(18) Birthplace: S.C.
(13) Occupation: Mill Laborer & Cotton Mill	(19) Occupation: House wife
(20) Number of children born to mother, including present birth: Eleven	(21) Number of children of this mother now living, including present birth: Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) R. Mgraham MD

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife: Lancaster S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed 6-4 1923 (28) J. T. Thomasson
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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