

## (1) PLACE OF BIRTH

County of YorkTownship of Summervilleor  
Inc. Town of .....

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

File No.—For State Registrar Only

15934

Registration District No. 3301Registered No. 51  
(For use of Local Registrar)(2) Full Name of Child Mr. & Mrs. George William

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH 5-23-22  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME W. W. W. W.(9) PRESENT POSTOFFICE OF FATHER Summerville, S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 36  
(Years)(12) BIRTHPLACE Summerville, S.C.(13) OCCUPATION Housewife(14) Number of children born to mother, including present birth 2

## MOTHER

(14) NAME BEFORE MARRIAGE Flora Barber(15) PRESENT POSTOFFICE OF MOTHER Summerville, S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 26  
(Years)(18) BIRTHPLACE Summerville, S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at 11:35 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) J. L. W. W.(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Summerville, S.C.

Given name added from a supplemental report

(25) Witness

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

(26) Filed 6-5-22(27) 15934(28) Mr. W. W. W.

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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