

(1) PLACE OF BIRTH

County of Albionville  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Albionville

(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

20612

Registration District No. 12 Registered No. 81  
 (For use of Local Registrar)

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

(3) BOY OR GIRL Bo. (4) Twin or Triplet? No (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH 6-29-1922  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Francis Marion Welch  
 (9) PRESENT POSTOFFICE OF FATHER Albionville S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31  
 (Years)  
 (12) BIRTHPLACE Monroe N.C.  
 (13) OCCUPATION R. R. Conductor  
 (20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Ruth Parkdale  
 (15) PRESENT POSTOFFICE OF MOTHER Albionville S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26  
 (Years)  
 (18) BIRTHPLACE Albionville S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... alive... at 6:45 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. H. Hill

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician, Albionville 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 July 12 1922 (28) Miss Ruth Parkdale 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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