

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Liberty
 or
 Inc. Town of

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

File No. - For State Registrar Only
42281

Registration District No. 2619

Registered No. 56
 (For use of Local Registrar)

City of (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

(a) BOY OR GIRL Boy
 (b) Twin or Triplet X
 (c) Number in order of birth 2
 To be answered only in event of Twin or Triplet

(d) Are Parents Married Yes

(f) DATE OF BIRTH Nov 25 1923
 (Name of Month) (Day) (Year)

MOTHER.

(8) FULL NAME Mr. J. Lee Jr.
 (9) PRESENT POSTOFFICE OF FATHER Orangeburg
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Year)
 (12) BIRTHPLACE Orangeburg County
 (13) OCCUPATION Farmer & merchant

(14) NAME BEFORE MARRIAGE Eugenia Walton
 (15) PRESENT POSTOFFICE OF MOTHER Same as father
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Year)
 (18) BIRTHPLACE Orangeburg County
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 7

(20) Number of children born to mother, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 11 a. M.,
 on the date above stated. (Born alive or stillborn) (Hour) (M. or P. M.)

(23) (Signature) Geo. H. Walter M.D.
 (24) State whether Physician or Midwife

(25) Address of Physician or Midwife Orangeburg

Given name added from a supplemental report

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

(27) Filed 12/28 1923 (28) W. B. Wicks 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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