

County of Jefferson
 Township of Franklin
 or
 Inc. Town of
 or
 City of

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

18636

(No. St.; Ward)
(If no street or name of same instead of street and number.)

1. SEX MALE
 2. Twin or Triplet? ☐
 3. Number in order of birth 1
 4. Age 2 Months
 5. DATE OF BIRTH June 2, 1922
 (Name of Month) (Day) (Year)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Morgan & Freeman

(24) State whether Physician or Midwife (25) Address of Physician or Midwife 6000 1st St.

Given name added from a supplement-
al report

(26) Witness *James T. ...*
(Signature or Witness necessary only
when question 23 is signed by mark)

(27) Filed *6/6/43* 19 ... (28) *W. H. ...* Local Registrar.

... 19 ...
Registrar

... than 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 or submitted before the fifth month of pregnancy.