

## (1) PLACE OF BIRTH

County of Laurens  
 Township of Youngs  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

22919

Registration District No. 2908 Registered No. 45  
 (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) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 24, 22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Walter Westmeland</u>			(14) NAME BEFORE MARRIAGE <u>Lucius Edwards</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Gray Court</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Gray Court</u>	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	
(12) BIRTHPLACE <u>Laurens Co</u>			(18) BIRTHPLACE <u>Laurens Co</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House wife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alma at 11:45 A.M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. H. C. Wood

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Wood

Given name added from a supplemental report

(26) Witness

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

..... 19 ..  
 Registrar

(27) Filed 7/10 19 22 (28) Dr. H. C. Wood 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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