

(1) PLACE OF BIRTH

County of FlorenceTownship of Lakeor
Inc. Town ofor
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 HealthFile No.—For State Registrar Only
6931Registration District No. 2009 Registered No. 21
(For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 19, 23
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Paul Roy Arkins
(9) PRESENT POSTOFFICE OF FATHER Leo J.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34
(Years)
(12) BIRTHPLACE Florence Co
(13) OCCUPATION Trainer

MOTHER

(14) NAME BEFORE MARRIAGE Maurine Price
(15) PRESENT POSTOFFICE OF MOTHER Leo J.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30
(Years)
(18) BIRTHPLACE Florence Co
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 11-15 P
on the date above stated. (Hour, A. M. or P. M.)(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Leahy, D.C.

When name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 3/27/23 (28) [Signature] Local Registrar

When there was no attending physician or midwife, then the father, household, etc., should make this return, and a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.