

(1) PLACE OF BIRTH

County of Yamouille
 Township of Wales

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4326

Inc. Town of Registration District No. 2201 Registered No. 15
 or
 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 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 11, 1911
 (to be answered only in case of twins or triplets) (Name of Month) (Day) (Year)

FATHER
 8) FULL NAME Russell Toibert

9) PRESENT POSTOFFICE OF FATHER Manetta S.C.

10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 34 (Years)

12) BIRTHPLACE S. C.

13) OCCUPATION Hammer

14) Number of children born to mother, including present birth 3

MOTHER
 (14) NAME BEFORE MARRIAGE Sarah White

(15) PRESENT POSTOFFICE OF MOTHER Spartanburg

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was alive at 12 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

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

(27) Filed 1911 (28) [Signature] 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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