

(1) PLACE OF BIRTH

County of York
 Township of Kings Mt.
 or
 Inc. Town of Course
 or
 City of

CERTIFICATE OF BIRTH

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

No. 14- for this register

38101

Registration District No. 4407Registered No. 146
(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

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

(a) SEX OR CHILD <u>boy</u>	(b) Type or Triple To be answered only in case of Twin or Triplets	(c) Number in order of birth	(d) Are Twin Marked <u>yes</u>	(e) DATE OF BIRTH <u>11 11 23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(a) FULL NAME <u>Wm Thomas</u>			(14) NAME BEFORE MARRIAGE <u>Hannie Walker</u>	
(b) PRESENT POSTOFFICE OF FATHER <u>Course OR 1</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Course OR 1</u>	
(16) COLOR OR RACE <u>W</u>			(17) AGE AT LAST BIRTHDAY <u>37</u> (Years)	
(18) BIRTHPLACE <u>S.C.</u>			(19) COLOR OR RACE <u>W</u>	
(20) OCCUPATION <u>farmer</u>			(21) AGE AT LAST BIRTHDAY <u>30</u> (Years)	
(22) Number of children born to mother, including present birth <u>1-8</u>			(23) BIRTHPLACE <u>S.C.</u>	
			(24) OCCUPATION <u>house wife</u>	
			(25) Number of children of this mother now living, including present birth <u>1-8</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(26) I hereby certify that I attended the birth of this child, who was alive at 7:20 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(27) (Signature) W. K. McCall
 (28) State whether Physician or Midwife (29) Address of Physician or Midwife
M.D. Course

Give name added from a supplement-
 al report

(30) Witness

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

(31) Signed Oct 1-1923 (32) 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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