

(1) PLACE OF BIRTH

County of YorkTownship of Bulluck Creek

or

Inc. Town of

or

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 Health

File No.—For State Registrar Only

50788

Registration District No. 443 Registered No. 6
(For use of Local Registrar)2) Full Name of Child William Connie Plexico If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of twins or triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 14, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(9) FULL NAME William Connie Plexico(10) PRESENT POSTOFFICE OF FATHER Sharon, S.C.(11) COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 30 (Years)(13) BIRTHPLACE York, Co. S.C.(14) OCCUPATION Farming(15) Number of children born to mother, including present birth 4

MOTHER.

(16) NAME BEFORE MARRIAGE Winnie Laughridge(17) PRESENT POSTOFFICE OF MOTHER Sharon, S.C.(18) COLOR OR RACE White (19) AGE AT LAST BIRTHDAY 29 (Years)(20) BIRTHPLACE Rock Hill, S.C.(21) OCCUPATION Housekeeping(22) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive, at 10 40 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) Charles G. Barron(25) State whether Physician or Midwife (26) Address of Physician or Midwife Sharon, S.C.

Given name added from a supplemental report

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

(28) Filed Feb. 25, 1916 (29) J. E. McAliley 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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