

## (1) PLACE OF BIRTH

County of Union

Township of .....

Inc. Town of .....

City of Union

(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

Registration District No. 42 A Registered No. 40

(For use of Local Registrar)

(No. .... St. .... Ward)

## (2) Full Name of Child

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

(3) Sex Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH July 23  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Amphric H. Willard(9) PRESENT POSTOFFICE OF FATHER Union SC(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 39 (Year)(12) BIRTHPLACE Union Co SC(13) OCCUPATION mill operating(14) Number of children born to mother, including present birth 6

## MOTHER

(14) NAME BEFORE MARRIAGE Larry Burger(15) PRESENT POSTOFFICE OF MOTHER Union SC(16) COLOR OR RACE N (17) AGE AT LAST BIRTHDAY 34 (Year)(18) BIRTHPLACE Union Co SC(19) OCCUPATION domestic(20) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Male (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.(22) (Signature) A. D. Montgomery

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Filed 4 10 23 (27) 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.