

(1) PLACE OF BIRTH

County of SaludaTownship of S

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

22477

Registration District No. 17.64 Registered No. 34

(For use of Local Registrar)

(2) Full Name of Child Willie L. Buffington If child is not yet named, make supplemental report as directed(3) SEX OR GENDER Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH July 22, 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. L. Buffington(9) PRESENT POSTOFFICE OF FATHER Saluda, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38
(Year)(12) BIRTHPLACE S.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Williamie Bode(15) PRESENT POSTOFFICE OF MOTHER Saluda, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37
(Year)(18) BIRTHPLACE S.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7:15 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. L. Buffington(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Saluda, S.C.

(Given name added from a supplemental report)

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

(27) Filed July 23, 1923 at Saluda, S.C. 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.