

(1) PLACE OF BIRTH

County of Dillon
 Township of Kirby
 or
 Inc. Town of Latta
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42106

Registration District No. 1604 Registered No. 19
 (For use of Local Registrar)
 (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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 30 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James D. Fox
 (9) PRESENT POSTOFFICE OF FATHER Latta S.C. #2
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY (Years)
 (12) BIRTHPLACE Dillon Co
 (13) OCCUPATION Carpenter
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Eva Castle
 (15) PRESENT POSTOFFICE OF MOTHER Latta S.C. #2
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY (Years)
 (18) BIRTHPLACE Dillon Co
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 A.M. on the date above stated. (Hour A. M. or P. M.)
 (23) (Signature) [Signature]
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Latta S.C.

Given name added from a supplemental report

Wenderson Herne Fox
 1923 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 1/9 19 23 (28) W. F. Rogers 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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