

(1) PLACE OF BIRTH
County of Wayne
Township of Tugalo
OF
Inc. Town of
OF
City of

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

File No.—For State Registrar Only
42012
Registration District No. 2506 Registered No. 179
(For use of Local Registrar)

(2) Full Name of Child Unnamed See If child is not yet named, make supplemental report as directed

(3) Sex Male (4) Twin or Triplet? (5) Number in order of birth (6) Are Parent Married? Yes (7) DATE OF BIRTH Oct. 7 23
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Henry Melton See
(9) PRESENT POSTOFFICE OF FATHER Westminster, P. 4.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 6

MOTHER.
(14) NAME BEFORE MARRIAGE May Belle Cox
(15) PRESENT POSTOFFICE OF MOTHER Westminster P. 4.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION House Wife
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child who was Alive at 6:05 A. M. on the date above stated.
(23) (Signature) A. A. Starkland, M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Westminster

Given name added from a supplemental report
191
Registrar
(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed Jan 12 1924 (28) J. D. Threlkeld 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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FIRST-CLASS MAIL PERMIT NO. 1, TUGALO, S. C.
POSTAGE WILL BE PAID BY ADDRESSEE