

(1) PLACE OF BIRTH

County of Jasper
 Township of Peachtree
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

90433

Registration District No. 2601 Registered No. 77
 (For use of Local Registrar)

City of (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 Joseph William Langford (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 12 7 16
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME H Calder Langford

(9) PRESENT POSTOFFICE OF FATHER Gillisville S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29
(Years)

(12) BIRTHPLACE Gillisville S.C.

(13) OCCUPATION Mail Carrier

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Smith

(15) PRESENT POSTOFFICE OF MOTHER Gillisville

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 15
(Years)

(18) BIRTHPLACE Hampton Co.

(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 9:30 at 7 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Holly Langford

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Gillisville 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 1/7/16 (28) R. W. Davis Jr. 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.

RECEIVED OF COLUMBIA, COLUMBIA, S. C. THIS FORM IS TO BE FILED WITH THE OFFICE OF THE REGISTRAR, COLUMBIA, S. C.