

(1) PLACE OF BIRTH

County of Lancaster
 Township of South
 OF
 Inc. Town of Mt. #1 S.C.
 OF
 City of Ware Shoals

CERTIFICATE OF BIRTH

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

No. for State Registrar Only
442

Registration District No. 29.06

Registered No. 1.13
 (For use of Local Registrar)

(2) Full Name of Child

Ewyn Eugene Pitts

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 — (6) Are Parents Married yes (7) DATE OF BIRTH Feb 77 28
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Franklin Pitts
 (9) PRESENT RESIDENCE OF FATHER Ware Shoals #1 S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24
 (Year) (12) BIRTHPLACE Lancaster, S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Victoria Coak
 (15) PRESENT RESIDENCE OF MOTHER Ware Shoals #1 S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20
 (Year) (18) BIRTHPLACE Lancaster, S.C.
 (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 Alive at 5:17 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. P. M.)

(23) (Signature) J. L. Donnan
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Ware Shoals, S.C.

Given name added from a supplemental report

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

(27) Signed J. L. Donnan (28) Mrs. L. Donnan
 Local Registrar

When this certificate is signed by a physician or midwife, then the father, householder, etc., should make this return. If a child is born even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR REMARKS.
 WRITE PLAINLY. WITH INK/PAID INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHERS, No. 2, etc., in question 1.