

## (1) PLACE OF BIRTH

County of OrangeTownship of Orange

Inc. Town of.....

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

No. 10234

Registration District No. 17ARegistered No. 11  
(For use of Local Registrar)

## (2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Male</u>	(4) Type of Birth <u>Normal</u>	(5) Number in order of birth <u>1</u>	(6) Date of Birth <u>April 11, 1927</u>
FATHER		MOTHER	
(7) Full Name <u>W. H. H. H.</u>		(8) Full Name <u>W. H. H. H.</u>	
(9) Present Postoffice of Father <u>Orange</u>		(10) Present Postoffice of Mother <u>Orange</u>	
(11) Color or Race <u>White</u>	(12) Age at Last Birthday <u>27</u>	(13) Color or Race <u>White</u>	(14) Age at Last Birthday <u>24</u>
(15) Birthplace <u>Orange, S.C.</u>		(16) Birthplace <u>Orange, S.C.</u>	
(17) Occupation <u>Farmer</u>		(18) Occupation <u>Farmer</u>	
(19) Number of children born to mother, including present birth <u>1</u>		(20) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Date alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) W. H. H. H.

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

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

(26) Filed

April 11, 1927

(27)

W. H. H. H.  
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.

Registrar

Local Registrar

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