

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

30605

County of GreenwoodTownship of Walnut Grove

or

Inc. Town of WaukeganCity of WaukeganRegistration District No. 2314Registered No. 81

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William Henry Freeman(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 Sept 6 22 (Name of Month) (Day) (Year)FATHER. (8) FULL NAME John E. Freeman (9) PRESENT POSTOFFICE OF FATHER Waukegan (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)MOTHER. (14) NAME BEFORE MARRIAGE Lucy Robertson (15) PRESENT POSTOFFICE OF MOTHER Waukegan (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Traskville Ga (18) BIRTHPLACE Edgfield (13) OCCUPATION Booker (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 7 (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 born alive at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) B. Workman (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Waukegan

Given name added from a supplemental report

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

(27) Filed Sept 7 22 (28) 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.