

CLERK OF

CERTIFICATE OF BIRTH

OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — 14930

County of Wayne
Township of 1st
City, Town or
Village of Wayne

Registration District No. 3115 Registered No. 35
(For use of Local Data)

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

Full Name of Child Robert H. Healy Jr. If child is not yet named, make supplemental report as directed

BOY OR GIRL? Boy (1) Twin or Triplet? (2) Number in family at birth (3) Are Parents Married? Yes (4) DATE OF BIRTH Nov. 3, 1923
(Name of Month) (Day) (Year)

FATHER. FULL NAME Harry Healy (14) NAME OF MOTHER Maude A. Villon

PRESENT POSTOFFICE OF FATHER Union S.C. (15) PRESENT POSTOFFICE OF MOTHER Union S.C.

COLOR OR RACE N. (16) AGE AT BIRTHDAY 24 (17) AGE AT LAST BIRTHDAY 3
(Years)

BIRTHPLACE Union S.C. (18) BIRTHPLACE Union S.C.

OCCUPATION Agent Texas Oil Co. (19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at Columbia S.C. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. D. Durham

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

See name added from a supplemental report

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

(27) Filed Nov 3, 1923 (28) J. C. Sykes Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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.