

(1) PLACE OF BIRTH

County of GranvilleTownship of Branchville

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

Registration District No. 3601

No. for State Registrar

22071Registered No. 39

(For use of Local Registrar)

(2) Full Name of Child Peter Alan West

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

(3) SEX OR CHILD <u>Boy</u>	(4) Type or Name <u>Quinn</u>	(5) Number in order of birth <u>1</u>	(6) Age <u>yes</u>	(7) DATE OF BIRTH <u>July 17, 23</u>
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(8) FULL NAME <u>Peter West</u>	(9) NAME BEFORE MARRIAGE <u>Lilla Gressett</u>
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(10) PRESENT RESIDENCE OF FATHER <u>Branchville S C</u>	(11) PRESENT RESIDENCE OF MOTHER <u>Branchville S C</u>
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(12) COLOR OR RACE <u>Negro</u>	(13) AGE AT LAST BIRTHDAY <u>40</u>	(14) COLOR OR RACE <u>Negro</u>	(15) AGE AT LAST BIRTHDAY <u>38</u>
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(16) BIRTHPLACE <u>S C</u>	(17) BIRTHPLACE <u>S C</u>
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(18) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>
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(20) Number of children born to mother, including present birth <u>8</u>	(21) Number of children of this mother now living, including present birth <u>5</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (M. or P. M.)(23) (Signature) Julia Ann West(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Branchville S C

(If name added from a supplemental report)

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

(27) Filed Aug 6, 23 (28) Treston Etc 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.