

(1) PLACE OF BIRTH

County of Stacy
 Township of W. from Cr.
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19065

Registration District No. 7509Registered No. 49
(For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 5 19 32
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER: (8) FULL NAME Alan Foster Stanley (14) NAME BEFORE MARRIAGE Maurice Ruby Hughes
 (9) PRESENT POSTOFFICE OF FATHER Lor. J.C. R.D. (15) PRESENT POSTOFFICE OF MOTHER Lor. J.C. R.D.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25
 (12) BIRTHPLACE Columbus Co, N.C. (18) BIRTHPLACE Horry County, O.C.
 (13) OCCUPATION Homemaking (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. Thomas (24) State whether Physician or Midwife (25) Address of Physician or Midwife Lor. J.C.

Given name added from a supplemental report

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

(27) Filed May 10 19 32 (28) James H. Smith 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.

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