

(1) PLACE OF BIRTH

County of PickensTownship of Easley

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. 377?... Registered No. 62
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>APR. 27, 1923</u> (Month or Month) (Day) (Year)
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FATHER.

(8) FULL NAME Frank Plack(9) PRESENT POSTOFFICE OF FATHER Easley, S.C. #5(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 5

MOTHER.

(15) NAME BEFORE MARRIAGE Claire Robinson(16) PRESENT POSTOFFICE OF MOTHER Easley, S.C. #5(17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 31
(Year)(19) BIRTHPLACE S.C.(20) OCCUPATION Housewife(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... alive... at... M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. Vinie Plack,

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

idkifex Easley, S.C., #5

(Given name added from a supplemental report)

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct. 2, 1923. (28) E. E. Hyatt,
Registrar

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