

(1) PLACE OF BIRTH

County of *L. A. Spencer*Township of *W. Valley*

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

File No.—For State Registrar Only

64687

Registration District No. *2713* Registered No. *26*

(For use of Local Registrar)

(2) Full Name of Child. *David C. Childs* If child is not yet named, make supplemental report as directed

| | | | | |
|---|----------------------------------|---------------------------------------|-------------------------------------|---------------------------------------|
| (3) BOY OR GIRL <i>Boy</i> | (4) Twin or Triplet? <i>Twin</i> | (5) Number in order of birth <i>2</i> | (6) Are Parents Married? <i>Yes</i> | (7) DATE OF BIRTH <i>June 28 1914</i> |
| To be answered only in event of Twins or Triplets | | | | (Name of Month) (Day) (Year) |

FATHER.

(8) FULL NAME *Lawson Childs*(9) PRESENT POSTOFFICE OF FATHER *W. Valley*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *23* (Years)(12) BIRTHPLACE *L. A. Spencer Co.*(13) OCCUPATION *Farmer*(14) Number of children born to mother, including present birth *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Ester Marten*(15) PRESENT POSTOFFICE OF MOTHER *W. Valley*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *22* (Years)(18) BIRTHPLACE *Atlanta Ga.*(19) OCCUPATION *Farmer*(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 *alive*, at *3 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *M. L. Williams*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Republic & W. Valley Roads*

Given name added from a supplemental report

191.....

Registrar

(26) Witness

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

(27) Filed *July 11 1914* (28) *S. R. Beverly*

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.