

(1) PLACE OF BIRTH

County of Chester
 Township of Lawnville
 OF
 Inc. Town of
 OF

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

10508

Registration District No. 1106Registered No. 37
(For use of Local Registrar)

City of _____ (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

David Poag

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet _____ (5) Number in order of birth _____
 To be answered only in event of Twin or Triplets (6) Are Parents Married? No (7) DATE OF BIRTH 4-9-22
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Jno. Poag(9) PRESENT POSTOFFICE OF FATHER ✓(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY ✓
(Years)(12) BIRTHPLACE ✓(13) OCCUPATION ✓(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Julia Sadler(15) PRESENT POSTOFFICE OF MOTHER Smith Jr. St.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE St.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
Saunie Robinson

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 4/15/22 (28) J. H. Hall
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.