

(1) PLACE OF BIRTH

County of *Cherokee*Township of *Langley*Inc. Town of *OC*City of *Bath, SC*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only

103

Registration District No. *2179* Registered No. *4*

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Frank Paul*

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

(3) BOY OR GIRL *Boy*(4) Twin or triplet? *one*(5) Number in order of birth *8*(6) Are Parents Married? *yes*(7) DATE OF BIRTH *Aug. 9*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Augustus Ponder*(14) NAME BEFORE MARRIAGE *Daisy Rowe*(9) PRESENT POSTOFFICE OF FATHER *Bath, SC*(15) PRESENT POSTOFFICE OF MOTHER *Bath, SC*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *18*

(Years)

(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *30*

(Years)

(12) BIRTHPLACE *Georgia*(18) BIRTHPLACE *Georgia*(13) OCCUPATION *Farmer*(19) OCCUPATION *House Wife*(20) Number of children born to mother, including present birth *Eight*(21) Number of children of this mother now living, including present birth *Five*

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. (Mark *Alive* or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Dr. H. H. H. H.*(24) State whether Physician or Midwife: *Physician*(25) Address of Physician or Midwife *Langley, SC*

Given name added from a supplemental report

(26) Witness

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

(27) File No. *424131.1073*(28) *L. V. Sp. Radley* 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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