

## (1) PLACE OF BIRTH.

County of

Township of

or  
Inc. Town ofor  
(City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

3606

Registration District No. 1486

Registered No. 6  
(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

Hettie Elizabeth Windham

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

8

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

4-4

1923

## FATHER.

1. FULL NAME

A. L. Windham

2. PRESENT POSTOFFICE OF FATHER

Dartington SC 82

10. COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

42

12. BIRTHPLACE

Dartington Co. SC

13. OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lillie Baker

(15) PRESENT POSTOFFICE OF MOTHER

Dartington SC 82

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

41

(18) BIRTHPLACE

Dartington Co. SC

(19) OCCUPATION

Housewife

20. Number of children born to mother, including present birth

8

(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 born alive at 1 A. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

R. B. Foreman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Lydia, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

4-6-23

R. B. Foreman

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it should be reported as stillborn. No report is desired of stillbirths made in the fifth month of pregnancy.

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