

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

28896

(1) PLACE OF BIRTH

County of DarlingtonTownship of North Ridge

OR

Inc. Town of None

OR

City of None

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

(No.)

Registration District No. 401. Registered No. 106...
(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

(3) BOY OR GIRL? Boy(4) Twin or Triplet? None(5) Number in order of birth 1

To be answered only in case of Twin or Triplets

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Sept 22

(Name of Month) (Day) (Year)

MOTHER.

(8) FULL NAME Charlie Corroall(9) PRESENT POSTOFFICE OF FATHER Alon O S(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 28

(Year)

(12) BIRTHPLACE Darlington Co S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3(14) NAME BEFORE MARRIAGE Ella Tail(15) PRESENT POSTOFFICE OF MOTHER Alon O S(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 28

(Year)

(18) BIRTHPLACE Darlington Co, S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alon O S on the date above stated.(23) (Signature) A. L. Lattin(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Alon O S

Given name added from a supplemental report

(26) Witness Alon O S

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

19 22 Registrar(27) Filed Oct 9 19 22 (28) A. E. Bennett 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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