

## (1) PLACE OF BIRTH

County of ClarendonTownship of Douglasor  
In Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

24030

Registration District No. 13.03 Registered No. 28  
(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 Sara Junior Welch If child is not yet named, make supplemental report as directed(3) SEX OR CHILD Boy (4) Twin or Triplet ✓ (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Aug. 19, 29  
(Name of Child) (Day) (Year)

## FATHER.

(8) FULL NAME Morris Welch(9) PRESENT POSTOFFICE OF FATHER Turbeville, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24  
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Lenora Beard(15) PRESENT POSTOFFICE OF MOTHER Turbeville, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21  
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born Alive at 1.00 P. M. on the date above stated. (Sign alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Lucy Wilson(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Turbeville, S.C.

Give name added from a supplemental report

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

(26) Filed 8/22 1923 (27) H. J. Turbeville 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.