

(1) PLACE OF BIRTH

County of Albemarle
 Township of Baldwin
 Inc. Town of Expletion
 or
 City of

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

31462 3

Registration District No. 4602 Registered No. 61
 (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 Leroy Romer If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH 10/17/23
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER: (8) FULL NAME Leroy Romer (9) PRESENT POSTOFFICE OF FATHER Bishopville (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (12) BIRTHPLACE SC (13) OCCUPATION Farmer (14) NAME BEFORE MARRIAGE Norma Guen (15) PRESENT POSTOFFICE OF MOTHER Bishopville (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (18) BIRTHPLACE SC (19) OCCUPATION Domestic (20) Number of children born to mother, including present birth 1 (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 6 PM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. Palmer

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Albemarle SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Nov. 20, 1923(28) F. H. Bond, M.D. 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.