

## (1) PLACE OF BIRTH

County of Auderson  
 Township of Williamston  
 or  
 Inc. Town of Peter SE  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

6398

Registration District No. 32Registered No. 37  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St.; .... Ward)

(2) Full Name of Child William Day (If child is not yet named, make supplemental report as directed.)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar 18 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER	
(8) FULL NAME <u>Calvinus Day</u>			(14) NAME BEFORE MARRIAGE <u>Lula Garnick</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Peter SE</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Peter SE</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>4</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)	
(12) BIRTHPLACE <u>A.C.</u>			(18) BIRTHPLACE <u>SE</u>	
(13) OCCUPATION <u>mill work</u>			(19) OCCUPATION <u>domestic</u>	
(20) Number of children born to mother, including present birth <u>8</u>			(21) Number of children of this mother now living, including present birth <u>6</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. T. Mosher(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Peter SE

Given name added from a supplemental report

(26) Witness

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

(27) Filed April 5 1922

(28) 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.