

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of
or
City of

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

2) Full Name of Child

File No.—For State Registrar Only

23054

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 40-3 Registered No. 53

(For use of Local Registrar)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 20, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Franklin Everett West</u>			(14) NAME BEFORE MARRIAGE <u>Myrtle Martha Foster</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Woodruff</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Woodruff</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)	
(12) BIRTHPLACE <u>Spty Co.</u>			(18) BIRTHPLACE <u>Spty Co.</u>	
(13) OCCUPATION <u>Truck Driver</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Chas. L. Boster(24) State whether Physician or Midwife (25) Address of Physician or Midwife Woodruff

Given name and address from a supplemental report

Thos. P. Lesessure10-4-47 Registrar

(26) Witness

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

(27) Filed

8/81922

(28)

Chas. L. Boster 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.

N. B.

McGraw-Hill

19... Registrar

(27) Filed

8/81922

(28)

Chas. L. Boster

Local Registrar

19...

(29)

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