

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

**(1) PLACE OF BIRTH**  
County of Kershaw  
Township of Dereth  
or  
Inc. Town of .....  
City of ..... (No. .... St. .... Ward ....)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

No. 44.—For State Registrar Only  
**41140**

Registration District No. 2701 Registered No. 2201  
(For use of Local Registrar)

**(2) Full Name of Child** Walter English (If child is not yet named, make supplemental report as directed)

|                                |   |                              |  |   |
|--------------------------------|---|------------------------------|--|---|
| (3) SEX OF CHILD<br><u>Boy</u> | (4) Twin or Triplet?<br>To be answered only in event of Twin or Triplet | (5) Number in order of birth | (6) Are Parents Married?<br><u>Yes</u> | (7) DATE OF BIRTH<br><u>Dec 2, 20</u><br>(Name of Month) (Day) (Year) |
|--------------------------------|---|------------------------------|--|---|

| FATHER.  |  |  | MOTHER.  |  |  |
|--|--|--|--|--|--|
| (8) FULL NAME<br><u>William English</u>                                      | (14) NAME BEFORE MARRIAGE<br><u>William English</u>      |  |  |  |  |
| (9) PRESENT POSTOFFICE OF FATHER<br><u>Dayton, N.C.</u>                      | (15) PRESENT POSTOFFICE OF MOTHER<br><u>Dayton, N.C.</u> |  |  |  |  |
| (10) COLOR OR RACE<br><u>Col</u>   | (11) AGE AT LAST BIRTHDAY<br><u>37</u><br>(Year)         |  | (16) COLOR OR RACE<br><u>Col</u>   | (17) AGE AT LAST BIRTHDAY<br><u>34</u><br>(Year) |  |
| (12) BIRTHPLACE<br><u>NC</u>   |  |  | (18) BIRTHPLACE<br><u>NC</u>   |  |  |
| (13) OCCUPATION<br><u>Farmer</u>   |  |  | (19) OCCUPATION  |  |  |
| (20) Number of children born to mother, including present birth<br><u>10</u> |  |  | (21) Number of children of this mother now living, including present birth<br><u>7</u> |  |  |

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at 1038 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) William English  
(24) State whether Physician or Midwife  
(25) Address of Phys. or Midwife

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 22 is signed by each)  
W. H. Mason

(27) Filed Dec 29, 20 (28) Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make the report if a child breathes even once. It must not be reported as stillborn. No report is needed of stillbirth before the fifth month of pregnancy.