

(1) PLACE OF BIRTH

County of Calhoun
 Township of Irwin Grove
 or
 Inc. Town of Irwin Grove
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

10205

Registration District No. 803Registered No. 38

(For use of Local Registrar)

City of _____ (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 William H. Irwin

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL —(4) Twin or Triplet? —(5) Number in order of birth 7
To be answered only in event of Twin or Triplet(6) Are Parents Married? yes(7) DATE OF BIRTH April 13, 1932
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME John H. Irwin(9) PRESENT POSTOFFICE OF FATHER Irwin Grove S.C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 38
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION farmer(14) Number of children born to mother, including present birth 7

MOTHER

(14) NAME BEFORE MARRIAGE Hattie Jackson(15) PRESENT POSTOFFICE OF MOTHER Irwin Grove S.C.(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 38
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Wife(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was female at 11:00 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Mrs. J. O. Stoddard

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

(27) Filed Apr 2019 32(28) Local Registrar J. O. Stoddard

When there was no attending physician or midwife, then the father, householder, or other person 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.