

(1) PLACE OF BIRTH

County of Portauk
 Township of W. S. D. S. C.
 or
 Inc. Town of W. S. D. S. C.

CERTIFICATE OF BIRTH

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

No. for State Registrar only

5247

Registration District No. 4003Registered No. 11
(For use of Local Registrar)

City of L (No. 1 St. 1 Ward 1)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child Boyd Hays Langford If child is not yet named, make supplemental report as directed

(2) SEX OF CHILD Boy (3) Date of Birth Feb 20 1923
 (4) Twin or Triplet ✓ To be answered only in event of Twin or Triplet (5) Are Parents Married Yes (6) DATE OF BIRTH (Name of Month) (Day) (Year)

FATHER. (7) NAME BEFORE MARRIAGE Clara Anna Parkman
 (8) PRESENT POSTOFFICE OF FATHER Cross Creek, S. C. #1 (9) PRESENT POSTOFFICE OF MOTHER Cross Creek, S. C. #1
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 35
 (14) BIRTHPLACE Wilmington, Delaware, S. C. (15) BIRTHPLACE Cross Creek, Portauk Co. S. C.
 (16) OCCUPATION Farmer (17) OCCUPATION at home
 (18) Number of children born to mother, including present birth 6 (19) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(20) I hereby certify that I attended the birth of this child, who was born alive at 5:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) J. H. Patton (22) Address of Physician or Midwife Cross Creek, S. C.

(23) State whether Physician or Midwife Physician

Given name added from a supplemental report

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

(25) Filed March 19 1923 (26) C. D. H. H. H. 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.

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.