

(1) PLACE OF BIRTH

County of AndersonTownship of Stacyor
Inc. Town of StacyCity of Stacy

(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 HealthFile No.—For State Registrar Only
24284Registration District No. 1311Registered No. 27
(For use of Local Registrar)(2) Full Name of Child William B.

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

3) BOY OR GIRL? Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Jan 19
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Samuel B. Stacy9) PRESENT POSTOFFICE OF FATHER Stacy(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 34
(Years)(12) BIRTHPLACE Anderson, S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Patience B.(15) PRESENT POSTOFFICE OF MOTHER Stacy(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 33
(Years)(18) BIRTHPLACE Anderson, S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Stacy M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Samuel B. Stacy

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Samuel B. Stacy
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 19 (28) Stacy 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.

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