

(1) PLACE OF BIRTH

County of CherokeeTownship of Cherokee

Inc. Town of

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 William Stanley(3) BOY OR GIRL Boy

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes(7) DATE OF BIRTH Aug 22 1923

(Name of Month) (Day) (Year)

(8) FULL NAME William Stanley(9) PRESENT POSTOFFICE OF FATHER Waynesville(10) COLOR OR RACE White(11) BIRTHPLACE S.C.(12) OCCUPATION Farmer(13) Number of children born to mother, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(14) I hereby certify that I attended the birth of this child, who was born at Waynesville, Cherokee, S.C., at 11 A.M., on the date above stated. (Day alive or stillborn) (Hour, M. or P.M.)(15) (Signature) W. H. H. H.(16) State whether Physician or Midwife Physician(17) Address of Physician or Midwife Waynesville

(18) Given name added from a supplemental report

(19) Witness

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

(20) Filed 7/10/23(21) Local Registrar W. H. H. H.

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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CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

23990

Registration District No. 1306Registered No. 9.3
(For use of Local Registrar)

St.: Ward)

(No.)

City of

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(2) Full Name of Child William Stanley

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

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