

**CERTIFICATE OF BIRTH**  
**STATE OF SOUTH CAROLINA**  
**DEPARTMENT OF HEALTH**  
**Office of Vital Statistics**

**18053**

PLACED ON INDEX

County of Henry  
Municipality of Washington  
or  
The Town of .....

Registration District No. 2509 Registered No. 145  
(For use of Local Registrar)

City of ..... (If birth occurs in a hospital or institution, give name of same, street and number.)

(7) Full Name of Child Officer Almona

1. NAME OF VESSEL	2. TYPE OF VESSEL	3. HONORARY IN CHARGE OF VESSEL	4. NO. OF PASSENGERS	5. DATE OF DEPARTURE
1. <i>Wile</i>	2. <i>Tug</i>	3. <i>...</i>	4. <i>...</i>	5. <i>...</i>

PATERN.

William H. H. H.

PRESENT  
POST OFFICE  
OF FATHER *Ullabruok*

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24

115 BENTLEY PLACE  
Kennebec, Me.

(10) OCCUPATION  
Farmer

(2) Number of children born to mother, including present birth

12000000  
(10) **NAME OF PERSON**  
**REGISTERED** *Mary Effie Loring*

(7) **COMMITTEE OF INVESTIGATION** Alibon

(10) COLOR White (11) AGE AT LAST 40  
OR DEATH 1960  
NAME White (12) 1960

Henry C. C.

(10) Signature

(21) Number of children of this mother now living, including present birth

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child who was \_\_\_\_\_  
on the date above stated. (Name of child born) (Hour A. M. or P. M.)

(28) (Signature) [Signature]  
(29) State whether Physician or M' Att'ne \_\_\_\_\_ (30) Address of Physic \_\_\_\_\_ or M' Att'ne \_\_\_\_\_

Medunje | ...

Given name added from a supplemental report

.....

..... 19 .....

..... Registrar .....

(26) Witness ..... (Signature of Witness necessary only  
when question 23 is signed) .....

(27) Filed May 7 1972 (28) Local 8000

\*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 desired of stillbirths before the fifth month of pregnancy.