

(1) PLACE OF BIRTH

County of Spaulding
 Township of Beech Springs
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19137

Registration District No. 2ndRegistered No. 41
(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 Esther Moore Strong If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 29, 1923
 (Month) (Day) (Year)

FATHER.

(8) FULL NAME Marion Strong(9) PRESENT POSTOFFICE OF FATHER Lucas, S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION milchman(14) Number of children born to mother, including present birth Two

MOTHER.

(15) NAME BEFORE MARRIAGE Clara Williams(16) PRESENT POSTOFFICE OF MOTHER Lucas, S.C.(17) COLOR OR RACE W (18) AGE AT LAST BIRTHDAY 21
(Year)(19) BIRTHPLACE N.C.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2 am.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) S. B. [Signature]
 (24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Spaulding, S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 1, 1923 (28) J. B. [Signature]
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.