

## (1) PLACE OF BIRTH

County of *Upson*Township of *Walden*

OR

Inc. Town of .....

OR

City of .....

(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 Health

File No.—For State Registrar Only

6259

Registration District No. *203*Registered No. *20*  
(For use of Local Registrar)

## (2) Full Name of Child

(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 *Feb 19 22*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Willie Turner*(9) PRESENT POSTOFFICE OF FATHER *Wagener*(10) COLOR OR RACE *Black*(11) AGE AT LAST BIRTHDAY *24*  
(Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Farm*(20) Number of children born to mother, including present birth *2*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Lady Stoley*(15) PRESENT POSTOFFICE OF MOTHER *Wagener*(16) COLOR OR RACE *Black*(17) AGE AT LAST BIRTHDAY *24*  
(Years)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Farm*(21) Number of children of this mother now living, including present birth *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Alive* *10 P.*  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Francis Johnson*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Wagener*

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by *midwife*)(27) Filed *March 22*(28) Local Registrar. *J. R. Paul*

\*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.