

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Providence
 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

Registration District No. 3614 Registered No. 12
 (For use of Local Registrar)

File No.—For State Registrar Only

2224

(2) Full Name of Child Elie Waley

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 27 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Elie Waley
 (9) PRESENT POSTOFFICE OF FATHER Elmore S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35 (Year)
 (12) BIRTHPLACE Orangeburg Co
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Waley
 (15) PRESENT POSTOFFICE OF MOTHER Elmore S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 34 (Year)
 (18) BIRTHPLACE Orangeburg Co
 (19) OCCUPATION House Wife

(20) Number of children born to mother, including present birth 1
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature) Elie Proffit
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Elmore 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 Jan 31 1922 (28) J. J. Dantley 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 sixth month of pregnancy.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FORM EACH CHILD, AND MAKE THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 4.
 STATE OF SOUTH CAROLINA, Columbia, S. C.