

(1) PLACE OF BIRTH

County of Berkley
 Township of St. John
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

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

No. — For State Registrar Only
19990

Registration District No. 702Registered No. 212
(For use of Local Registrar)

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

(2) Full Name of Child Susan Flowers If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH July 25 1922
 To be answered only in event of Twin or Triplet (Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Flowers
 (9) PRESENT POSTOFFICE OF FATHER Dorman, S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25
 (12) BIRTHPLACE South Carolina
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Victoria M. M. M.
 (15) PRESENT POSTOFFICE OF MOTHER Dorman, S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21
 (18) BIRTHPLACE South Carolina
 (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 2
 (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 at 5 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary D. M.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Dorman, 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 25 1922(28) 71 Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this 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.