

(1) PLACE OF BIRTH

County of Darlington

Township of .....

or Inc. Town of .....

or City of Darlington

(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

41926

Registration District No. 15<sup>A</sup>

Registered No. 139

(For use of Local Registrar)

(2) Full Name of Child. Bertie Mae Peopand

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet? To be answered only in case of Twin or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec; 7, 1922

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Elvie Peopand

(14) NAME BEFORE MARRIAGE Martha Ethelops Weaver

(9) PRESENT POSTOFFICE OF FATHER Darlington S.C.

(15) PRESENT POSTOFFICE OF MOTHER Darlington S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)

(12) BIRTHPLACE South Carolina

(18) BIRTHPLACE South Carolina

(13) OCCUPATION Textile

(19) OCCUPATION Housewife

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

(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 female, at 6:10 A. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician | Darlington 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. 1, 1923 (28) [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.

\*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.

McGraw-Hill, Inc. FIRST-BOOK, No. 1. WHEN OFFICER, No. 2, etc. in question.