

(1) PLACE OF BIRTH

County of Charleston
Township of Lowcountry
or
Inc. Town of Columbia
or
City of Columbia

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18032

Registration District No. 16-23 Registered No. 76
(For use of Local Registrar)

(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 Winnifred May Pettit If child is not yet named, make supplemental report as directed

3 BOY OR GIRL girl 4 Twin or Triplet? No 5 Number in order of birth 1 6 Are Parents Married? yes 7 DATE OF BIRTH June 21, 1922
(Name of Month) (Day) (Year)

FATHER.
8 FULL NAME William Pettit
9 PRESENT POSTOFFICE OF FATHER Coffey SC
10 COLOR OR RACE White 11 AGE AT LAST BIRTHDAY 29
(Year)
12 BIRTHPLACE Charleston, S.C.
13 OCCUPATION Farmer
20 Number of children born to mother, including present birth 5

MOTHER.
14 NAME BEFORE MARRIAGE Mary Marshall
15 PRESENT POSTOFFICE OF MOTHER Gaffney SC
16 COLOR OR RACE White 17 AGE AT LAST BIRTHDAY 36
(Year)
18 BIRTHPLACE Union Co. S.C.
19 OCCUPATION Domestic
21 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was born at 10 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John Marshall
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by male)

(27) Filed July 1, 1922 (28) H. P. Ratchford 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.

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