(1) PLACE OF BIRTH

County of Calhoun

Township of Lam. Bern

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(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
29128

Registration District No. 801 Registered No. 83
(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? Girl

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Sept 23 1922 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Frank Bright	(14) NAME BEFORE MARRIAGE Rosie Chapell
(9) PRESENT POSTOFFICE OF FATHER St Matthews	(15) PRESENT POSTOFFICE OF MOTHER St Matthews
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 45 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE S. C.	(18) BIRTHPLACE S. C.
(13) OCCUPATION Farm hand	(19) OCCUPATION Farm hand
(20) Number of children born to mother, including present birth 8	(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Lucrecia Glover

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Oct 5 1922 (28) J. H. Murph...
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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A C Smith - Sub -