

(1) PLACE OF BIRTH

County of Marion
 Township of 1st
 or
 Loc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

27137

Registration District No. 3705 Registered No. 274
 (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 Bernice Vereen If child is not yet named, make supplemental report as directed

1. SEX OR Female 4. Twin or Triple? No 5. Number in order of birth 1 6. Are Parents Married? Yes 7. DATE OF BIRTH June 10, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Glenn Vereen 14. NAME BEFORE MARRIAGE Arthur Johnson
 9. PRESENT POSTOFFICE OF FATHER Nichols, SC 15. PRESENT POSTOFFICE OF MOTHER Nichols SC
 10. COLOR OR RACE Negro 11. AGE AT LAST BIRTHDAY 25 16. COLOR OR RACE Negro 17. AGE AT LAST BIRTHDAY 20
 12. BIRTHPLACE Marion Co 18. BIRTHPLACE Marion Co
 13. OCCUPATION Farmer 19. OCCUPATION House work
 20. Number of children born to mother, including present birth 7 21. Number of children of this mother now living, including present birth 7

MOTHER.

14. NAME BEFORE MARRIAGE Arthur Johnson 15. PRESENT POSTOFFICE OF MOTHER Nichols SC
 16. COLOR OR RACE Negro 17. AGE AT LAST BIRTHDAY 20
 18. BIRTHPLACE Marion Co 19. OCCUPATION House work
 20. Number of children born to mother, including present birth 7 21. Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Adeline Lea (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Nichols SC

Given name added from a supplemental report

(26) Witness W. E. Lambert (27) Filed 9/17 19 22 (28) W. E. Lambert 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.