

(1) PLACE OF BIRTH

County of Auderson
Township of Hamphlet
or
Inc. 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

13633

Registration District No. 307 Registered No. 61
(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 Unnamed If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL 1 (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH 5-22-22
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Megala

(9) PRESENT POSTOFFICE OF FATHER Hamphlet SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE Hamphlet SC

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ann Lee Bratcher

(15) PRESENT POSTOFFICE OF MOTHER New City SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 42 (Years)

(18) BIRTHPLACE Abbeville Co

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11:10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. W. Williams
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hamphlet SC

Name added from a supplemental report

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

(27) Filed May 30, 1922 (28) James Williams 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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