

(1) PLACE OF BIRTH

County of

Township of

or Town of

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)

(No. Ward)

(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

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

5-22-22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Megala

(9) PRESENT POSTOFFICE OF FATHER

New Path SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

35

(Years)

(12) BIRTHPLACE

Columbia SC

(13) OCCUPATION

Farming

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

2

MOTHER.

(14) NAME BORN MARRIED

Minnie Lee Bratcher

(15) PRESENT POSTOFFICE OF MOTHER

New Path SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

42

(Years)

(18) BIRTHPLACE

Columbia 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 born at 11/11/10 P.M. (Born alive or stillborn), (Hour A.M. or P.M.) on the date above stated.

(23) (Signature)

J. W. Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M.D. New Path SC

From 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)

J. W. 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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