

(1) PLACE OF BIRTH

County of *Aiken*
Township of *Laborerach*

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

9022

Inc. Town of Registration District *North 241* Registered No. *13*
(For use of Local Registrar)
City of (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 *John Gray Joiner* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Feb. 22, 1923*
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME *John F. Joiner*
(9) PRESENT POSTOFFICE OF FATHER *Faguer 2, C.*
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *32*
(Years)
(12) BIRTHPLACE *D.C.*
(13) OCCUPATION *Farmer*
(14) Number of children born to mother, including present birth *7*

MOTHER

(14) NAME BEFORE MARRIAGE *Martha Frances Green*
(15) PRESENT POSTOFFICE OF MOTHER *Faguer 2, C.*
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *33*
(Years)
(18) BIRTHPLACE *D.C.*
(19) OCCUPATION *Housewife*
(20) 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* on the date above stated. (Hour A. M. P. M.)(23) (Signature) *Physician* (24) State whether Physician or Midwife (25) Address of Physician or Midwife *Physician Hitchingsville, S.C.*

Given name added from a supplemental report

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

(27) File No. *27123* (28) *Mrs. J. C. Crutcher* 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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