

(1) PLACE OF BIRTH

County of Peebles

Township of

or Inc. Town of

City of Lasby S.C.

(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

2252

Registration District No. 97-a Registered No. 14
(For use of Local Registrar)

(2) Full Name of Child Bennett Ardal If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH Feb. 22
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME unknown

(9) PRESENT POSTOFFICE OF FATHER

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

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ruth Ardal

(15) PRESENT POSTOFFICE OF MOTHER Lasby S.C.

(16) COI OR RACE Colord (17) AGE AT LAST BIRTHDAY..... (Years) 16

(18) BIRTHPLACE Peebles Co S.C.

(19) OCCUPATION Labordr

(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 8:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. J. Thurman (24) State whether Physician or Midwife (25) Address of Physician or Midwife Lasby S.C.

Given name added from a supplemental report

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

(27) Filed Feb. 6 19 22 (28) E. H. Noyette 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.

REGISTRATION, No. 1, STATE OFFICE, No. 2, etc., in question 2. MICHIGAN, CALIFORNIA, B. C.

Supplementary report (Date of)

Address Filed Aug. 26 19 42 M. B. Woodward, M.D. Registrar.