

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

File No.—For State Registrar Only
43456

(1) PLACE OF BIRTH

County of Lexington
Township of Black Creek
or
Inc. Town of.....
or
City of.....
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 3100 Registered No.
(For use of Local Registrar)

St.; Ward)

If child is not yet named, make supplemental report as directed

(2) Full Name of Child

(3) BOY OR GIRL (4) Twin or Triplet? (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 19 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Alonso Rish
(9) PRESENT POSTOFFICE OF FATHER Pelion
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Lexington
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Altie Taylor
(15) PRESENT POSTOFFICE OF MOTHER Pelion
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE Lexington
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) A. J. Hutto (24) State whether Physician or Midwife (25) Address of Physician or Midwife Pelion, S. C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

Dec 15 1922 H. C. Hault 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MAJESTIC REGISTERED COPY BINDING. WITH CAPTION: THIS IS A PERMANENT RECORD. SEPARATE BLANK FOR EACH CHILD, and mark the CHILD'S NAME, SEX, DATE OF BIRTH, and other particulars in question 5. N. B.—In case of TWINS OR TRIPLETS, fill in question 5 for each child.