

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Charlottesville

Township of

or

Inc. Town of

or

City of Charlottesville

(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

18293

Registration District No. 155A

Registered No. 62

(For use of Local Registrar)

(2) Full Name of Child Virginia

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

3) BOY OR GIRL Girl

4) Twin or Triplet? Twin

Number in order of birth 1

5) Are Parents Married? No

7) DATE OF

BIRTH June 3, 1922

(Name of Month) (Day) (Year)

FATHER.

6) FULL NAME Bessie Scales

9) PRESENT POSTOFFICE OF FATHER Charlottesville S.C.

10) COLOR OR RACE Col.

11) AGE AT LAST BIRTHDAY 22

(Years)

12) BIRTHPLACE Charlottesville

13) OCCUPATION Laborer

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

MOTHER.

14) NAME BEFORE MARRIAGE Ulla Klippen

15) PRESENT POSTOFFICE OF MOTHER Charlottesville S.C.

16) COLOR OR RACE Col.

17) AGE AT LAST BIRTHDAY 20

(Years)

18) BIRTHPLACE Charlottesville 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 10 PM. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elsie Means

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Charlottesville

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 1, 1922

(28) E. C. Farley

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.