

(1) PLACE OF BIRTH

County of

Township of

or

City of

(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

26331

Registration District No. 2207A

Registered No. 306..

(For use of Local Registrar)

St. Mary Ward

(2) Full Name of Child

Rieck M. Intook

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

May 8, 1922

FATHER.

8) FULL NAME

Elder M. Intook

9) PRESENT POSTOFFICE OF FATHER

Greenville S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

26 (Years)

(12) BIRTHPLACE

Des Moines

(13) OCCUPATION

Textile Worker

MOTHER.

(14) NAME BEFORE MARRIAGE

Elizabeth Hensley

(15) PRESENT POSTOFFICE OF MOTHER

21 First St

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

19 (Years)

(18) BIRTHPLACE

Iowa

(19) OCCUPATION

Domestic

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

2

(21) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... at 4:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. H. Walker

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Greenville

Given name added from a supplemental report

(26) Witness

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

(27) Aug 18, 1922

(28) A. H. Mackley

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.