

(1) PLACE OF BIRTH

County of SaludaTownship of No. 1or
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

(3) BOY OR GIRL girl(4) Twin or Triplet? one

To be answered only in case of Twin or Triplet

(5) Number in order of birth 2(6) Are Parents Married? yes(7) DATE OF BIRTH Oct 11 1922
(Name of Month) (Day) (Year)

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

FATHER

(8) FULL NAME Virgil H. Bidenbaugh(9) PRESENT POSTOFFICE OF FATHER Lexville S.C. R.F.D. No 7(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE Saluda County(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Jora Geneva Oswalt(15) PRESENT POSTOFFICE OF MOTHER Lexville S.C. R.F.D. No 7(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE Lexington County(19) OCCUPATION House-wif(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 alive at 3 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. Sidney Clark

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lexville 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 Oct 16 1922

(28) 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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CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

36315

Registration District No. 3700 Registered No. 15
(For use of Local Registrar)

(No. St. Ward)

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.

Form 9-6

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.

N.

MCCAY