

(1) PLACE OF BIRTH

County of LancasterTownship of Great Creek

Inc. Town of

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

30921

Registration District No. 2803Registered No. 95-
(For use of Local Registrar)

(2) Full Name of Child

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

3) <input checked="" type="checkbox"/> BOY OR GIRL	4) Twin or Triplet? To be answered only in case of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Sept 15 1922</u> (Name) (Month) (Day) (Year)
--	--	-----------------------------	------------------------------------	---

FATHER

8) FULL NAME Robert Missouri9) PRESENT POSTOFFICE OF FATHER Kershaw S.C.10) COLOR OR RACE Black 11) AGE AT LAST BIRTHDAY 50
(Years)12) BIRTHPLACE Canada13) OCCUPATION Farmer

MOTHER

14) NAME BEFORE MARRIAGE Olie Louis Allen15) PRESENT POSTOFFICE OF MOTHER Kershaw S.C.16) COLOR OR RACE Black 17) AGE AT LAST BIRTHDAY 27
(Years)18) BIRTHPLACE Kershaw S.C.

19) OCCUPATION

20) Number of children born to mother, including present birth 121) 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 5:30 P.M.
on the date above stated. normal live or stillborn (How A. M. or P. M.)(23) (Signature) Mary J. Withers (M.D.)(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Kershaw 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 12 1922 (28) P.C. Nelson
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.

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.