

(1) PLACE OF BIRTH

County of WayTownship of WayInc. Town of WayCity of Way

(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

38900

Registration District No. 2509Registered No. 104
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>✓</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>✓</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 21, 1922</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Phineas Puckey 50d5 -</u>		(14) NAME BEFORE MARRIAGE <u>Sara Francis Lees</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Wettersboro S.C. R.R.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Wettersboro S.C. R.R.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>34</u> (Year)	
(12) BIRTHPLACE <u>Way County, S.C.</u>		(18) BIRTHPLACE <u>Way County, S.C.</u>		
(13) OCCUPATION <u>Farming</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>7</u>		(21) Number of children of this mother now living, including present birth <u>7</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8:30 H. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. D. Thomas

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianWettersboro, 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

Sept. 30, 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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