

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar

30685

Registration District No. 25A

Registered No. 54
(For use of Local Registrar)

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

(2) Full Name of Child

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?

(7) DATE OF BIRTH

Sept. 26, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

J. D. Stalvey

(9) PRESENT POSTOFFICE OF FATHER

Conway S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

30
(Years)

(12) BIRTHPLACE

Horry Co. S.C.

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE

Susie Allen Stalvey

(15) PRESENT POSTOFFICE OF MOTHER

Conway S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24
(Years)

(18) BIRTHPLACE

Horry Co. S.C.

(19) OCCUPATION

Housekeeper

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

3

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive, not stillborn, on the date above stated. (Hour A. M. or P. M.)

(23) Signature

(24) Signature of Physician or Midwife

(25) Address of Physician or Midwife

Conway S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Date

Sept. 30, 1922

(28) Signature

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.