

(1) PLACE OF BIRTH

County of AdrianTownship of Rocky Lion

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 36952—For State Registrar Only

36952

Registration District No. 209Registered No. 48

(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child No Name

(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 1(6) Are Parents Married? yes

(7) DATE OF

BIRTH Sept 9, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Daniel Mayher(9) PRESENT POSTOFFICE OF FATHER Perry, S.R. A. 7. N.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 30
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Gardner(15) PRESENT POSTOFFICE OF MOTHER Perry, S.R. A. 7. N.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(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 Adrian at 9 P. M. on the date above stated.
(Born alive or stillborn) (Hour P. M. or P. M.)(23) (Signature) J. R. McEneaney M. D.(24) State whether Physician or Midwife(25) Address of Physician or Midwife Sally, 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 10, 1922(28) 19(29) Chas. E. Sallee

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.