

(1) PLACE OF BIRTH

County of Berkeley
 Township of West Johnston
 or
 Inc. Town of _____
 or
 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

10118

Registration District No. 702Registered No. 34
(For use of Local Registrar)

(No. _____ St. _____ Ward)

(2) Full Name of Child Sarah West

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

(3) SEX-OF GIRL girl (4) Twin or Triplet? _____ (5) Number in order of birth _____
 To be answered only in event of Twin or Triplet

(6) Are Parents Married? yes(7) DATE OF BIRTH apr 12 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Chas L West
 (9) PRESENT POSTOFFICE OF FATHER Bonham SC
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 33 (Year)
 (12) BIRTHPLACE Berkeley co SC
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Abayeh
 (15) PRESENT POSTOFFICE OF MOTHER Bonham SC
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 32 (Year)
 (18) BIRTHPLACE Berkeley co SC
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 16(21) Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Paul F. Finley(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Bonham SC

Given name added from a supplemental report

(26) Witness C. L. West

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

(27) Filed 4/13/1922(28) P. R. L. L. L. L.

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.