

## (1) PLACE OF BIRTH

County of Anderson  
Township of Hannock

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

3044

Reg. of ..... Registration District No. 3007 Registered No. 13  
(For use of Local Registrar)City of ..... (No. .... Ward) .....  
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? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 1, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Chas. Shirley(9) PRESENT POSTOFFICE OF FATHER Hannock, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth one

## MOTHER.

(14) NAME BEFORE MARRIAGE Winnie Cobby(15) PRESENT POSTOFFICE OF MOTHER Hannock, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 16 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at Hannock, S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. H. Williams  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hannock, S.C.

Given name added from a supplemental report

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

(27) File McL. 8.22 (28) E. H. Williams 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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