

(1) PLACE OF BIRTH

County of Orangeburg
Township of Vanceor
Inc. Town ofor
City of (No. St. Ward)
(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

36031

Registration District No. 3618 Registered No. 75-
(For use of Local Registrar)(2) Full Name of Child Elizabeth Smith Avinger If child is not yet named, make supplemental report as directed.(3) ~~Boy or~~ GIRL? (4) ~~Twins~~ or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 24 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Daniel Mauer Avinger(9) PRESENT POSTOFFICE OF FATHER Vance S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Merchant(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Elizabeth Smith(15) PRESENT POSTOFFICE OF MOTHER Vance S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:15 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Robert J. Carey(24) State whether Physician or Midwife (25) Address of Physician or Midwife Clintonville, S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Oct 30 1922 (28) W. F. Doughter Loc. 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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