

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42557

Registration District No. 22A

Registered No. 667

(For use of Local Registrar)

(Name of street and number.)

(2) Full Name of Child

Angela Rose
Full name of child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

21 10 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. O. Merrett

(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Anderson Co.

(13) OCCUPATION Salesman

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Pearl L. Hallman

(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31 (Years)

(18) BIRTHPLACE Shakory W.C.

(19) OCCUPATION Housewife

(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 alive at 10:35 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) O. H. Bates

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

J. O. Merrett