

(1) PLACE OF BIRTH

County of AndersonTownship of Frankor
Inc. Town ofor
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

6445

Registration District No. 305 Registered No. 23
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

(3) SEX OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets	<u>3</u>	<u>yes</u>	<u>Mar 2</u> 19 <u>22</u> (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Devery Kays(9) PRESENT POSTOFFICE OF FATHER Jamills(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 22 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Julie Pickens(15) PRESENT POSTOFFICE OF MOTHER Jamills(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 22 (Year)(18) BIRTHPLACE S.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 born at 2 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. B. Hall (24) Address of Physician or Midwife Jamills

Given name added from a supplemental report

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

(27) Filed Mar 11 1922 (28) J. T. Gallaway 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.