

(1) PLACE OF BIRTH

County of SaludaTownship of H

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

16596

Registration District No. 3903 Registered No. 12

(For use of Local Registrar)

(2) Full Name of Child Bessie Andrews

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth 1(6) Are Parents Married? no

(7) DATE OF

BIRTH May 5 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Don't know

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

Blk

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Mattie Lee Andrews

(15) PRESENT POSTOFFICE OF MOTHER

Saluda

(16) COLOR OR RACE

Blk

(17) AGE AT LAST BIRTHDAY

15 (Years)

(18) BIRTHPLACE

Saluda Co S.C.

(19) OCCUPATION

Housework

(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 at H. R.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

Harriet B. Broughton

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Saluda S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

May 24, 1922

(28)

J. D. Branch 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.