

(1) PLACE OF BIRTH

County of Bamberg
 Township of 2 mile
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

13732

Registration District No. 404 Registered No. 48
 (For use of Local Registrar)

(2) Full Name of Child _____ (No. _____ St. _____ Ward _____)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? _____ (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH May 21, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Emmit Folk
 (9) PRESENT POSTOFFICE OF FATHER Ehrhardt S b
 (10) COLOR OR RACE Wm (11) AGE AT LAST BIRTHDAY 25
 (Year) _____
 (12) BIRTHPLACE S b
 (13) OCCUPATION Laborer at saw mill
 (14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Gertrude Kearse
 (15) PRESENT POSTOFFICE OF MOTHER Ehrhardt S b
 (16) COLOR OR RACE Wm (17) AGE AT LAST BIRTHDAY 20
 (Year) _____
 (18) BIRTHPLACE S b
 (19) OCCUPATION Farm laborer
 (20) 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 Erin Alue at 30 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Folk(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Ehrhardt S b

Given name added from a supplemental report

(26) Witness _____

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

(27) Filed May 25, 1922(28) W. D. Kierand Local Registrar

19 _____ 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.