

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

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

Registration District No. 100

File No.—For State Registrar Only

9980Registered No. 57
(For use of Local Registrar)

St. Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Olson Atteberg

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married Yes

(7) DATE OF BIRTH

BIRTH Apr 8 1922
(Name) (Month) (Day) (Year)**FATHER**(8) FULL NAME Joe W. Atteberg

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE Coc(11) AGE AT LAST BIRTHDAY 22
(Year)

(12) BIRTHPLACE

(13) OCCUPATION Day Labor**MOTHER**(14) NAME BEFORE MARRIAGE Mrs. E. E. E. E.(15) PRESENT POSTOFFICE OF MOTHER DENMARK, S. C.(16) COLOR OR RACE Coc(17) AGE AT LAST BIRTHDAY 20
(Year)(18) BIRTHPLACE DENMARK

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 1(20) Number of children born to mother, including present birth 2**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***(22) I hereby certify that I attended the birth of this child, who was born at 3 P. M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. A. Atteberg(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife DENMARK, 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 5/8 1922

(28)

Local Registrar John C. C.

*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.