

(1) PLACE OF BIRTH

County of

Township of

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

9980

Registration District No. 100

Registered No. 57
(For use of Local Registrar)

St. Ward)

(No. name of same instead of street and number.)

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

(2) Full Name of Child Alton 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 22

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Apr 8 1922
(Name) (Month) (Day) (Year)

FATHER
(8) FULL NAME Joe W. Atteberg

(14) NAME BEFORE MARRIAGE Mrs. Eowen

(9) PRESENT POSTOFFICE OF FATHER Denmark, S. C.

(15) PRESENT POSTOFFICE OF MOTHER DENMARK, S. C.

(10) COLOR OR RACE Coc

(11) AGE AT LAST BIRTHDAY 22
(Year)

(16) COLOR OR RACE Coc

(17) AGE AT LAST BIRTHDAY 20
(Year)

(12) BIRTHPLACE

(18) BIRTHPLACE DANBERG

(13) OCCUPATION Day Labor

(19) OCCUPATION

(20) Number of children born to mother, including present birth 2

(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 born at 3 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. M. 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 5/18 1922 (28) John Couper 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.