

(1) PLACE OF BIRTH

County of Berkshire
 Township of Chatham
 or
 Inc. Town of Chatham
 or
 City of Chatham

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

File No. — For State Registrar Only
12847

Registration District No. 4001 Registered No. 16
 (For use of Local Registrar)

(No. 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

BOY OR GIRL? ✓ (4) Twin or Triplet? ✓ (5) Number in order of birth 401 (6) Are Parents Married? ✓ (7) DATE OF BIRTH Feb. 19, 1922
 (Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME Wm. J. Bell
 (10) PRESENT POSTOFFICE OF FATHER Chatham
 (11) AGE AT LAST BIRTHDAY 30 (Years)
 (12) COLOR OR RACE White
 (13) BIRTHPLACE SC.
 (14) OCCUPATION House carpenter
 (15) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Wm. J. Bell
 (15) PRESENT POSTOFFICE OF MOTHER Chatham
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE SC.
 (19) OCCUPATION House carpenter
 (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 born alive at Chatham, S.C.,
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Pharmacia(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Chatham

Given name added from a supplemental report

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

(27) Filed 4-17 19 22 (28) C. L. Mayberry 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.

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