CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 30767

(1) PLACE OF BIRTH

County of Horry
Township of Floyd
or
Inc. Town of .....
or
City of .....

Registration District No. 2508 Registered No. 81 (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 Herbert Vinston Fax — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? To be answered only in event of Twins or Triplets
(5) Number in order of birth
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Sept 27 1922 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Ellis Fax	(14) NAME BEFORE MARRIAGE	Lizzie Jolly
(9) PRESENT POSTOFFICE OF FATHER	Tabor N.C.	(15) PRESENT POSTOFFICE OF MOTHER	Tabor N.C.
(10) COLOR OR RACE	White	(16) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY (Years)	25	(17) AGE AT LAST BIRTHDAY (Years)	40
(12) BIRTHPLACE	Robeson Co N.C.	(18) BIRTHPLACE	Horry Co SC
(13) OCCUPATION	Farmer	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	4	(21) Number of children of this mother now living, including present birth	4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) C F Bullock

(24) State whether Physician or Midwife: M.D.

(25) Address of Physician or Midwife: Nichols S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Oct 5 1922 (28) C F DuBose, 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

McCAW OF COLUMBIA, COLUMBIA, S. C.