

(1) PLACE OF BIRTH

County of Hershaw
Township of Deeth

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

1669

Inc. Town of Registration District No. 2791 Registered No. 8
(For use of Local Registrar)
City of (No. (Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child. { If child is not yet named, make supplemental report as directed

(3) SEX OR
SEX: Boy (4) Twin
or triplet? (5) Number in
order of birth (6) Are
Parents
Married? no (7) DATE OF
BIRTH Jan. 5th 22
Is to be answered only in case of twin or triplet (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL
NAME(9) PRESENT
POSTOFFICE
OF FATHER(10) COLOR
OR
RACE (11) AGE AT LAST
BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) NAME BEFORE
MARRIAGE Eliza Barker(15) PRESENT
POSTOFFICE
OF MOTHER Camden(16) COLOR
OR
RACE White (17) AGE AT LAST
BIRTHDAY 22 (Years)

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children born to
mother, including present birth One (21) Number of children of this mother
now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:00 M.
on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) L. R. ... (24) State whether Physician or Midwife (25) Address of Physician or MidwifeGiven name added from a supplement-
tal report(26) Witness
(Signature of Witness necessary
when question 22 is signed by mother)(27) Filed Jan 10 1922 (28) L. R. ... Local RegistrarWhen 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.