

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19659

Registration District No.

Registered No.

(For use of Local Registrar)

2) Full Name of Child

Miriam Suele Whetsell

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

June 13

1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jael M. Whetsell

(9) PRESENT POSTOFFICE OF FATHER

Bowman S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

46

(Years)

(12) BIRTHPLACE

Orby led

(13) OCCUPATION

Farmer

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

10

MOTHER.

(14) NAME BEFORE MARRIAGE

Marie Dukes

(15) PRESENT POSTOFFICE OF MOTHER

Bowman S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

48

(Years)

(18) BIRTHPLACE

Orby led

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(23) (Signature)

Berta Kelly

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Bowman S.C.

Given name added from a supplemental report

191....

Registrar

(26) Witness

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

(27) Filed

6/23/22

(28)

W. H. Patrick

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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McGraw-Hill, Inc. FIRST-BORN, No. 1, THIRD OTHER, No. 2, etc., in question 5. MARK FOR EACH CHILD, and mark the