CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 8421

(1) PLACE OF BIRTH

County of McCormick

Township of McCormick

or

Inc. Town of .....

or

City of ..... (No. ..... St. ..... Ward)

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

Registration District No. 4504 Registered No. ..... (For use of Local Registrar)

(2) Full Name of Child Mary Lee Berg

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

(3) BOY OR GIRL? Girl

(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 July 6, 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lee Du Berg

(9) PRESENT POSTOFFICE OF FATHER McCormick

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Abbeville Co S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Eva Wright

(15) PRESENT POSTOFFICE OF MOTHER McCormick

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Abbeville Co S.C.

(19) OCCUPATION Farm hand

(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 alive (Born alive or stillborn) at 7 A.M. (Hour A.M. or P.M.) on the date above stated.

(23) (Signature) Emma Heard

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: McCormick, 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 2-11-1922 (28) D. J. McCaskill 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 required of stillbirths before the fifth month of pregnancy.

Bureau of Vital Statistics, Columbia, S. C.
No. 2—Report of Twins (Triplets) to be used in preparation of blank for data (birth) and mailing to Bureau of Vital Statistics, No. 2, etc., in question 5.