

(1) PLACE OF BIRTH

County of PickensTownship of Pickensor
Inc. Town of

City of

(No. St. Ward)
(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

2295

Registration District No. 3.2.0.6 Registered No. 14.....
(For use of Local Registrar)

(2) Full Name of Child

If child is not named, make
supplemental report as directed(3) BOY OR
GIRLBoy(4) Twin
or Triplet?(5) Number in
order of birth
To be answered only in event of Twins or Triplets(6) Are
Parents
Married?yes

(7) DATE OF

BIRTH

Jan 28 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMETom Parker(9) PRESENT
POSTOFFICE
OF FATHERPickens S.C.(10) COLOR
OR
RACEwhite(11) AGE AT LAST
BIRTHDAY
(Year)35

(12) BIRTHPLACE

Jackson Co., N.C.

(13) OCCUPATION

Textile Operative

MOTHER.

(14) NAME BEFORE
MARRIAGEBertha Wood(15) PRESENT
POSTOFFICE
OF MOTHERPickens S.C.(16) COLOR
OR
RACEwhite(17) AGE AT LAST
BIRTHDAY
(Year)32

(18) BIRTHPLACE

Jackson Co., N.C.

(19) OCCUPATION

Housewife(20) Number of children born to
mother, including present birth1(21) Number of children of this mother
now living, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was female at 10:00 A.M.,
on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)
H. Hollingsworth (Signature of Physician or Midwife)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed

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(28)

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.