

(1) PLACE OF BIRTH

County of *Charleston*Township of *Christ Church*

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

6887

Registration District No. *901*Registered No. *40*
(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 *Hooper McComb* (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Feb 7 1922*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Frederick McComb*(9) PRESENT POSTOFFICE OF FATHER *Met Pleasant SC*(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *26* (Years)(12) BIRTHPLACE *SC*(13) OCCUPATION *Farming*(20) Number of children born to mother, including present birth *Four*

MOTHER.

(14) NAME BEFORE MARRIAGE *Rosa Benjamin*(15) PRESENT POSTOFFICE OF MOTHER *Met Pleasant SC*(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *33* (Years)(18) BIRTHPLACE *Healy Hill SC*(19) OCCUPATION *House Work*(21) Number of children of this mother now living, including present birth *Three*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Hooper McComb* at *12:45 P.M.* (Born alive or stillborn) (Hour A.M. or P.M.)
on the date above stated.(23) (Signature) *Hooper McComb*(24) State whether Physician or Midwife *Midwife*

Given name added from a supplemental report

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

(26) Filed *Feb 7 1922* (27) 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.