

(1) PLACE OF BIRTH *San Antonio*

County of
Township of *San Antonio*
or
Inc. Town of
or
City of

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

Registration District No. *170*

File No. — For State Registrar Only
25802

Registered No. *29*
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St.; Ward)

(2) Full Name of Child *John William*

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

(3) BOY OR GIRL *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE OF BIRTH *May 3 1922*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE
(13) OCCUPATION
(20) Number of children born to mother, including present birth *one*

MOTHER.

(14) NAME BEFORE MARRIAGE *John*
(15) PRESENT POSTOFFICE OF MOTHER
(16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY (Years)
(18) BIRTHPLACE
(19) OCCUPATION
(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* at *2:00 PM.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *John* (24) State whether Physician or Midwife (25) Address of Physician or Midwife *San Antonio*

Given name added from a supplemental report

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

(27) Filed *Sept 19 22* 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.