

## (1) PLACE OF BIRTH

County of HorryTownship of Simpson Creekor  
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.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19066

Registration District No. 7509 Registered No. 48  
(For use of Local Registrar)

## (2) Full Name of Child

If child is not yet named, make  
supplemental report as directed(3) BOY OR  
GIRLBoy(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 May 3, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAMEWilliam Vereen(9) PRESENT  
POSTOFFICE  
OF FATHERAllbrook S.C., R4(10) COLOR  
OR  
RACEColored(11) AGE AT LAST  
BIRTHDAY25  
(Years)

(12) BIRTHPLACE

Horry Co., S.C.

(13) OCCUPATION

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

## MOTHER.

(14) NAME BEFORE  
MARRIAGERosa Bardee(15) PRESENT  
POSTOFFICE  
OF MOTHERAllbrook S.C., R4(16) COLOR  
OR  
RACEColored(17) AGE AT LAST  
BIRTHDAY22  
(Years)

(18) BIRTHPLACE

Horry Co., S.C.

(19) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:50 P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(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

May 10, 1922(28) Horry Co., S.C.  
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.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.