

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

(2) Full Name of Child

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

16516

Registration District No. 3800

Registered No. 69  
(For use of Local Registrar)

St.; Ward)

(No.

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

May 26, 1922  
(Name of Month (Day) (Year))

## FATHER

(8) FULL NAME

Willis Able

(9) PRESENT POSTOFFICE OF FATHER

Blytheview

(10) COLOR OR RACE

col

(11) AGE AT LAST BIRTHDAY

40  
(Years)

(12) BIRTHPLACE

Fairfield

(13) OCCUPATION

Farmer

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

13

## MOTHER

(14) NAME BEFORE MARRIAGE

Flora Buzzard

(15) PRESENT POSTOFFICE OF MOTHER

Blytheview

(16) COLOR OR RACE

col

(17) AGE AT LAST BIRTHDAY

38  
(Years)

(18) BIRTHPLACE

Richland

(19) OCCUPATION

Field work

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

8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

Mary Brown

(24) State whether Physician or Midwife

Blytheview

Given name added from a supplemental report

(25) Witness

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

(26) Date

May 28, 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.