

## (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

Baby Corner

File No.—For State Registrar Only

16634

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 40-a

Registered No. 224

(For use of Local Registrar)

(No. .... St.; .... Ward)

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

(3) BOY OR

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF

BIRTH May 26, 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Preston B. Corner

(9) PRESENT POSTOFFICE OF FATHER

Spartanburg

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

24 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Dentist

## MOTHER.

(14) NAME BEFORE MARRIAGE

Virginia H. Hedges

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

25 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

1

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

H. H. Mason

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Spartanburg S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

6-1-22

(28)

Jas. Cooper

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.

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