

(1) PLACE OF BIRTH

County of BerklyTownship of St. Stephensor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

29096

Registration District No. 796 Registered No. 41

(For use of Local Registrar)

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

(2) Full Name of Child J. C. Tharmly

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Sept. 2, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

C. A. Tharmly

(9) PRESENT POSTOFFICE OF FATHER

Bornear Se

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

40

(12) BIRTHPLACE

Berkly Co.

(13) OCCUPATION

Farmer

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Emily Bapily

(15) PRESENT POSTOFFICE OF MOTHER

Bornear Se

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

36

(18) BIRTHPLACE

Williamsburg Co.

(19) OCCUPATION

House work

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. B. B. B.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

or Midwife

Midwife Bornear Se

Given name added from a supplemental report.

(26) Witness

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

(27) Filed Sept. 30, 1922(28) J. J. L.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.