

## (1) PLACE OF BIRTH

County of MalheurTownship of Permitor Town of PermitCity of Permit

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 34

File No. — For State Registrar Only

15917

Registered No. 39  
(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 Joseph

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

3. BOY OR GIRL Boy(4) Twin or Triplet No(5) Number in order of birth 1(6) Are Parents Married Yes(7) DATE OF BIRTH May 15 1922

(Name of Month) (Day) (Year)

## FATHER

8. FULL NAME Johnnie Phillips9. PRESENT POSTOFFICE OF FATHER Permit(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 23

(Years)

(12) BIRTHPLACE Malheur Co. Id.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 12

## MOTHER

(14) NAME BEFORE MARRIAGE Eugene Atford(15) PRESENT POSTOFFICE OF MOTHER Permit(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 21

(Years)

(18) BIRTHPLACE Malheur Co. Id.(19) OCCUPATION Farmer(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 Born alive at 8 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Alice Atford(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Permit

Given name added from a supplemental report

(26) Witness Mr. J. H. Tate

(Signature of Witness necessary only when question 22 is signed by mark)

19 1922 Registrar Mr. J. H. Tate

Local Registrar

\*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the fourth month of pregnancy.