

(1) PLACE OF BIRTH

County of PartingtonTownship of Deer Creek

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

22544

Registration District No. H.O.C.Registered No. 100

(For use of Local Registrar)

(No. St. Ward)

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

(2) Full Name of Child

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

(a) BOY OR GIRL <u>Girl</u>	(c) Twin or Triplet To be answered only in event of Twin or Triplet	(d) Are Parents Married <u>yes</u>	(e) DATE OF BIRTH <u>July 22 1933</u> (Month of Birth) (Day) (Year)
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FATHER.		MOTHER.	
(1) FULL NAME <u>D. Amos</u>	(14) NAME BEFORE MARRIAGE <u>Helen Silver</u>	(12) PRESENT POSTOFFICE OF FATHER <u>Indian Hill</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Indian Hill</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>42</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)
(13) BIRTHPLACE <u>W.B.</u>	(18) OCCUPATION <u>Farmer</u>	(19) BIRTHPLACE <u>W.B.</u>	(20) OCCUPATION <u>Domestic</u>
(21) Number of children born to mother, including present birth <u>1</u>	(22) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was, born alive (born alive or stillborn) (Hour A. M. or P. M.) 6:20 P.M.
on the date above stated.(24) (Signature) Geo. L. Thompson(25) State whether Physician or Midwife Physician(26) Address of Physician or Midwife Indian Hill

Given name added from a supplemental report

(27) Witness (Signature of Witness when question 23 is signed by mother)

(28) Filed Aug. 1 1933 Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.