

(1) PLACE OF BIRTH

County of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

22064

Township of

or
Inc. Town of

Registration District No. 14

Registered No. 9

(For use of Local Registrar)

City of

(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

Mary Louise Queen

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

May 15 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Queen

(9) PRESENT POSTOFFICE OF FATHER

Munroboro, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

38

(Years)

(12) BIRTHPLACE

Syria

(13) OCCUPATION

Merchant

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Maggie Sanders

(15) PRESENT POSTOFFICE OF MOTHER

Munroboro S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

22

(Years)

(18) BIRTHPLACE

Chester Co. S.C.

(19) OCCUPATION

Housewife

(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 4 P. M. on the date above stated. (Both alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

D. M. Haynes

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Munroboro 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

July 28 1922

(28)

D. M. Haynes

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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FIRST-BORN. No. 1. THIS OTHER, No. 2, etc., in question 5.

Cav. of Columbia