

## (1) PLACE OF BIRTH

County of OrangeburgTownship of Verdesor  
Inc. Town of  
or

City of

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

Registration District No. 36.12 Registered No. 46  
(For use of Local Registrar)

File No.—For State Registrar Only

16301

(2) Full Name of Child Harriett Morris Bull

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

(3) BOY OR GIRL? Is.

(4) Twin or Triplet?

(5) Number in order of birth

To be numbered only in case of twins or triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

May 24 22  
(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER.

I Wittie Bull

(9) PRESENT POSTOFFICE OF FATHER

Vance, S.C.

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

38  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

2

(15) 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 1:45 a.m. on the date above stated. (Hour A.M. or P.M.)(23) (Signature) C. J. Adams, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Holly Hill

Given name added from a supplemental report

(26) Witness

A. C. Denton, S.C.  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

May 30, 1922(28) W. A. Dangler

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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N. B.—In case of TWINS OR TRIPLETS use a SUPPLEMENTAL REPORT for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.