

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Fork  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**17526**

Registration District No. 304 Registered No. 68  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St.; ..... Ward)

## (2) Full Name of Child

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

3) BOY OR GIRL girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? yes 7) DATE OF BIRTH June 23 1922  
 (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME James Corbett Mork  
 9) PRESENT POSTOFFICE OF FATHER Louiseville G.S.C.  
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 24  
 (Years)  
 12) BIRTHPLACE South Ga.  
 13) OCCUPATION farmer

## MOTHER.

14) NAME BEFORE MARRIAGE Holly Dickerson  
 15) PRESENT POSTOFFICE OF MOTHER Louiseville S.C.  
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 22  
 (Years)  
 18) BIRTHPLACE Ga.  
 19) OCCUPATION Housewife  
 20) Number of children born to mother, including present birth 3  
 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 ..... at 6 A.M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. Hobson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report.

(26) Witness

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

(27) Filed July 10 1922(28) J. J. Gallen  
 Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.