

## (1) PLACE OF BIRTH

County of AikenTownship of Begg

or

Inc. Town of

or

City of

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

36938

Registration District No. 204Registered No. 82  
(For use of Local Registrar)

(No. St.; Ward)

## (2) Full Name of Child

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

(3) BOY OR GIRL?

B

(4) Twin or Triplet?

1

(5) Number in order of birth

1

(6) Are Parents Married?

Y

(7) DATE OF

BIRTH: 11/15 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Middle Jann

(9) PRESENT POSTOFFICE OF FATHER

Warrenville S C

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

30  
(Year)

(12) BIRTHPLACE

Aiken Co

(13) OCCUPATION

mill operator

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

3

## MOTHER.

(14) NAME BEFORE MARRIAGE

Barrie Walker

(15) PRESENT POSTOFFICE OF MOTHER

Warrenville S C

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

27  
(Year)

(18) BIRTHPLACE

Saluda Co

(19) OCCUPATION

House Wife

(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 Alive at 8:30 M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

S A Manell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Grandville

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Nov 6th 1922

(28)

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.

\*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.