

(1) PLACE OF BIRTH

County of LibertyTownship of Bullheador
Inc. Town ofor
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

127

Registration District No. 4603 Registered No. 9

(For use of Local Registrar)

(2) Full Name of Child W. J. S. Sues Albany If child is not yet named, make supplemental report as directed.(3) BOY OR GIRL? Boy(4) Twin or triplet? No(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan. 22, 22 (Date of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frederick Albany(9) PRESENT POSTOFFICE OF FATHER Barton(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Barton S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth two, 2

MOTHER.

(14) NAME BEFORE MARRIAGE Phelicia Drayton(15) PRESENT POSTOFFICE OF MOTHER Alundale S.C.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Mock Orange track(19) OCCUPATION Farmer's Wife(20) Number of children of this mother now living, including present birth two, 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Aline at 12 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Alundale S.C.

(24) State whether Physician or Midwife. (25) Address of Physician or Midwife

Midwife Alundale S.C.

Given name added from a supplemental report

Registrar

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

(27) Filed Jan 31, 1922 (28) J. A. Rouse 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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THIS FORM, NO. 3, THE OTHER, NO. 2, ETC., IN QUESTION 1.

OFFICE OF COLUMBIA

BUREAU