

MARGIN RESERVED FOR BINDING.
 WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

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

File No.—For State Registrar Only
42202

(1) PLACE OF BIRTH
 County of Edgefield
 Township of Collins
 OR
 Inc. Town of.....
 OR
 City of..... (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1802 Registered No. 2829
 (For use of Local Registrar)

(2) Full Name of Child Mary Pettigrew (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 22, 1922</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Walter Pettigrew</u>	(14) NAME BEFORE MARRIAGE <u>Essie Young</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Woodstock</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Woodstock</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)		
(12) BIRTHPLACE <u>Anderson Co. SC</u>	(16) COLOR OR RACE <u>White</u>		
(13) OCCUPATION <u>Farmer</u>	(17) AGE AT LAST BIRTHDAY <u>39</u> (Years)		
(20) Number of children born to mother, including present birth <u>Five</u>	(18) BIRTHPLACE <u>Abbeville SC</u>		
	(19) OCCUPATION <u>Housewife</u>		
	(21) Number of children of this mother now living, including present birth <u>Five</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. Craton, M.D.
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife
Collins, SC

Given name added from a supplemental report

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

(27) Filed Jan 6, 1923 (28) H. D. ... 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.