

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Providence
 or
 Inc. Town of.....
 or
 City of.....

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

Registration District No. 764 Registered No. 8
 (For use of Local Registrar)

File No. — For State Registrar Only
2220

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

(1) 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 Jan 21 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Transpition Voigt
 (9) PRESENT POSTOFFICE OF FATHER Parley, S. C.
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 30 (Years)
 (12) BIRTHPLACE Orangeburg County
 (13) OCCUPATION working
 (14) Number of children born to mother, including crossed birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Jannie Fogle
 (15) PRESENT POSTOFFICE OF MOTHER Parley, S. C.
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 25 (Years)
 (18) BIRTHPLACE Orangeburg County
 (19) OCCUPATION housekeeping
 (20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Helena Fogle
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Parley, S. C.

(Given name added from supplemental report)

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

(27) File Jan 25 1922 (28) D. S. Dantler 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 MAINLY WITH UNPAID INC.—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS, THE REGISTRAR IN MEANS FOR EACH CHILD, AND SUBS. THE
 OTHER CHILD, IN A FILE OTHER, No 2, etc., in question 6.