

(1) PLACE OF BIRTH

County of FlorenceTownship of FlorenceOR
Inc. Town ofOR
City of Florence, S.C.

(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

30124

Registration District No. 20A Registered No. 769

(For use of Local Registrar)

(No. 2 Pelmett St. St.; Ward)(2) Full Name of Child but named

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 Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>9-4-22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME unknown(9) PRESENT POSTOFFICE OF FATHER unknown(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY unk (Years)(12) BIRTHPLACE unknown(13) OCCUPATION unknown(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Turner(15) PRESENT POSTOFFICE OF MOTHER Florence, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Florence, S.C.(19) OCCUPATION Office Girl(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Shirley and G. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. O. Adams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife physician

Given name added from a supplemental report

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

(27) Filed Sept. 5, 1922 (28) P. H. Brigham 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.