

(1) PLACE OF BIRTH

County of Franklin  
Township of Belmont  
or  
Inc. Town of.....  
or  
City of .....

# CERTIFICATE OF BIRTH

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

**File No. \_\_\_\_\_ For State Registrar Only**

991

Registration District No. 1406 Registered No. 89  
(For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward,  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Baby Heath ----- If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 11 1922</u> (Name of Month) (Day) (Year)
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(8) FULL NAME FATHER: <u>James W. [illegible]</u>		(14) NAME BEFORE MARRIAGE MOTHER: <u>Ann [illegible]</u>	
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(9) PRESENT POSTOFFICE OF FATHER Kind School (15) PRESENT POSTOFFICE OF MOTHER Kind School

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27

(12) BIRTHPLACE	(18) BIRTHPLACE
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(18) OCCUPATION	(19) OCCUPATION
	Amelia

(20) Number of children born to [redacted] present birth [redacted]

(21) Number of children of this mother now living, including present birth [redacted]

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was... 1. M. ... at 7.00 ... M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)	<i>[Signature]</i>	(25) Address of Physician or Midwife	<i>[Address]</i>
(24) State whether Physician or Midwife	<i>[Signature]</i>		

Given name added from a supplemental report

19  
Registrar

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

(27) Filed Feb 10 1922 (28) SA [illegible] Local Registrar.

..... Registrar .....

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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