

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of
or
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

24181

Registration District No. 4-201 Registered No. 18

(For use of Local Registrar)

(2) Full Name of Child

Albert Girl

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

June 28, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Pres Girl

(9) PRESENT POSTOFFICE OF FATHER

Jonesville # 2

(10) COLOR OR RACE

Cauc

(11) AGE AT LAST BIRTHDAY

58

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Martha Girl

(15) PRESENT POSTOFFICE OF MOTHER

Jonesville

(16) COLOR OR RACE

Cauc

(17) AGE AT LAST BIRTHDAY

35

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House Work

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(23) (Signature)

Chas. L. Rice

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Jonesville # 2

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 10, 1922

(28)

J. B. Lunsford 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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