

(1) PLACE OF BIRTH

County of Muskegon
 Township of Maple
 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

13115

Registration District No. 4205Registered No. 6
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William De John If child is not yet named, make supplemental report as directed

(3) 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 June 5 1922
 (Spec of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leann Jean
 (9) PRESENT POSTOFFICE OF FATHER Buffalo #1
 (10) COLOR OR RACE Cal (11) AGE AT LAST BIRTHDAY 35 (Years)
 (12) BIRTHPLACE Mo
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Belle Jean
 (15) PRESENT POSTOFFICE OF MOTHER Buffalo #1
 (16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 33 (Years)
 (18) BIRTHPLACE Mo
 (19) OCCUPATION Dom

(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 a M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charollee Price(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Jonesboro #2

Given name added from a supplemental report

(26) Witness

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

(27) Filed April 20 1922

(28)

W. S. Powell
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.