

1) PLACE OF BIRTH

County of Fremont
 Township of "
 or
 Loc. 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

26420

Registration District No. 2209B Registered No. 279
 (For use of Local Registrar)

(No. 313 Blake Sp. House Ward)
 If child is not yet named, make supplemental report as directed

2) Full Name of Child

Baby Charles3 SEX OR
GIRL4) Twin
or Triplet?(5) Number in
order of birth

5

(6) Are
Parents
Married?

(7) DATE OF

BIRTH 6/26/1922
(Name of Month) (Day) (Year)

FATHER.

3 FULL
NAMEClude C. C. C.3 PRESENT
POSTOFFICE
OF FATHER3 Blake St. Huen
mill(10) COLOR
OR
RACEW(11) AGE AT LAST
BIRTHDAY30
(Years)

(12) BIRTHPLACE

N.C.

(13) OCCUPATION

Left op.

MOTHER.

(14) NAME BEFORE
MARRIAGELora Lee Jones(15) PRESENT
POSTOFFICE
OF MOTHERsame(16) COLOR
OR
RACEW.(17) AGE AT LAST
BIRTHDAY27
(Years)

(18) BIRTHPLACE

N.C.

(19) OCCUPATION

Housework(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 alive at 8:05 M.,
 on the date above stated. (Normal live or stillborn) (Hour M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed

Aug 1 1922

(28)

Thos. McCall
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.

before the fifth month of pregnancy.