

(1) PLACE OF BIRTH

County of SanfordTownship of Dialsor  
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

22856

Registration District No. 2901 Registered No. 61

(For use of Local Registrar)

2) Full Name of Child ..... { 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 May 31, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Samuel Armstrong(9) PRESENT POSTOFFICE OF FATHER May Court S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Lawyer(14) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie Baldwin(15) PRESENT POSTOFFICE OF MOTHER May Court S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P.M. on the date above stated. (Born live or stillborn) (Hour 7 M. or P.M.)(23) (Signature) Phel. W. Rogers M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife May Court S.C.

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed Aug 5-22 (28) W.C. Mahan 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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N. E.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

N. McGraw, of Columbia.

MCCRAW