

(1) PLACE OF BIRTH

County of LaurensTownship of Boalsor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43244

Registration District No. 2901Registered No. 125
(For use of Local Registrar)

(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

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 26, 22</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME J. S. Corbame

(9) PRESENT POSTOFFICE OF FATHER Gray Court

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Laurens Co SC

(13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Sallie Nelson

(15) PRESENT POSTOFFICE OF MOTHER Gray Court SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Laurens Co SC

(19) OCCUPATION Homemaker

(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 at 8 A.M.,
on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) H. J. Pace

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 6, 1923

(28)

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.