

## (1) PLACE OF BIRTH

County of FlamuccTownship of Cainsor  
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

18573

Registration District No 2001 Registered No. 405  
(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 SEX OR GIRL <u>Girl</u>	4 Twin or Triplet?	5 Number in order of birth	6 Are Parents Married? <u>Yes</u>	7 DATE OF BIRTH <u>June 8, 1922</u> (Month) (Day) (Year)
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To be answered only in event of Twins or Triplets

## FATHER.

8 FULL NAME Dr. John G. Hymann9 PRESENT POSTOFFICE OF FATHER Paupietes St.10 COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)12 BIRTHPLACE SS13 OCCUPATION Druggist14 Number of children born to mother, including present birth Two

## MOTHER.

(14) NAME BEFORE MARRIAGE Raisy Adice Johnson(15) PRESENT POSTOFFICE OF MOTHER Paupietes St(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION housewife(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:55 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W.H. Poston(24) State whether Physician or Midwife mid. (25) Address of Physician or Midwife Paupietes St

Given name added from a supplemental report

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

(27) Filed June 9, 1922 (28) W.H. Poston 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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