

(1) PLACE OF BIRTH

County of Pickens Co.

Township of Liberty St.

or Inc. Town of Fort

or City of \_\_\_\_\_

(No. .... St.; .... Ward) (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

19843

Registration District No. 3705 Registered No. 78

(For use of Local Registrar)

(2) Full Name of Child Virginia Rackley (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 14 1922 (Name) (Month) (Day) (Year)

FATHER. (8) FULL NAME John Rackley (9) PRESENT POSTOFFICE OF FATHER Liberty St. (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36 (Years) (12) BIRTHPLACE Pickens County S.C. (13) OCCUPATION Farming (20) Number of children born to mother, including present birth 17

MOTHER. (14) NAME BEFORE MARRIAGE Neke Farmer (15) PRESENT POSTOFFICE OF MOTHER Liberty S.C. (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years) (18) BIRTHPLACE Pickens Co. S.C. (19) OCCUPATION Domestic (21) Number of children of this mother now living, including present birth 17

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. M. E. Owens

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Liberty St.

Given name added from a supplemental report

(26) Witness Mrs. B. G. G. (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 14 1922 (28) John T. Boyer 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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RECAP OF COLUMBIA, COLUMBIA, S. C. (Vertical text on the left margin)