

(1) PLACE OF BIRTH

County of Horry
 Township of Green
 OR
 Inc. TOWNE of
 OR
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

The No.—For State Registrar Only
42984

Registration District No. 2506 Registered No. 116
 (For use of Local Registrar)

(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 girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 9/1/22
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Orthon Earnest
 (9) PRESENT POSTOFFICE OF FATHER Tabor ne
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28
 (12) BIRTHPLACE Tulsa Ok
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Junia Walls
 (15) PRESENT POSTOFFICE OF MOTHER Tulsa ne
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 21
 (18) BIRTHPLACE Horry Co
 (19) OCCUPATION Wife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) [Signature]

(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) Registrar

(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.

LOCAL REGISTRAR

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U. S. BUREAU OF VITAL STATISTICS, WASHINGTON, D. C.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.