

(1) PLACE OF BIRTH

County of Charleston
 Township of Palmbeach
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

14577

Registration District No. 1508 Registered No. 17

(For use of Local Registrar)

City of (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 Polly Waiter {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) A's Parents Married? Yes (7) DATE OF BIRTH May 27, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Waiter
 (9) PRESENT POSTOFFICE OF FATHER Charleston R.
 (10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 40
 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Alice Royal
 (15) PRESENT POSTOFFICE OF MOTHER Charleston R.
 (16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 30
 (Years)
 (18) BIRTHPLACE Fluence S.C.
 (19) OCCUPATION at home
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:30 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Ellerbe
 (24) State whether Physician or Midwife 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 mar)

(27) Filed May 31, 1922 (28) E. L. Early 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.