

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(If birth occurs in a hospital or

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

989

Registration District No. 1.5.0.5 Registered No. 6

(For use of Local Registrar)

St.; (For use of Local Registrar)

(No. If child is not yet named, give name of same instead of street and number.)

(2) Full Name of Child. Mary E. Lide

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? 18

(7) DATE OF BIRTH Jan. 30 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY 24

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth

MOTHER.

(15) NAME BEFORE MARRIAGE

(16) PRESENT POSTOFFICE OF MOTHER

(17) COLOR OR RACE

(18) AGE AT LAST BIRTHDAY 22

(19) BIRTHPLACE

(20) OCCUPATION

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) (Signature) Daniey Davis

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Mid Wife Hartsville

Given name added from a supplemental report.

(26) Witness

(Signature of Witness necessary only when question 22 is signed by father)

(27) Filed Feb. 1 1922 (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 fourth month of pregnancy.

before the fifth month of pregnancy.

MARGIN OBSERVED FOR BOUNDING

McCaw of Columbia