

(1) PLACE OF BIRTH

County of Berkley
 Township of St. Thomas
 or
 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
41109

Registration District No. 70.7. Registered No. 60
 (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 Mary Ervin

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

(3) BOY OR GIRL girl (4) Twin conception (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 16 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Petter Ervin
 (9) PRESENT POSTOFFICE OF FATHER Wando S.C.
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 48
 (Years)
 (12) BIRTHPLACE Berkley
 (13) OCCUPATION Carpenter

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Donkey
 (15) PRESENT POSTOFFICE OF MOTHER Wando S.C.
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 37
 (Years)
 (18) BIRTHPLACE Berkley
 (19) OCCUPATION at home

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... alive... at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jane Johnson

(24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife Wando S.C.

Given name added from a supplemental report

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

(27) Filed Dec 30 1922 (28) Ervin 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.