

1) PLACE OF BIRTH

County of Lancaster
 Township of Pleasant Hill
 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

19221

Registration District No. 2816 Registered No. 98
 (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

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

3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? no (7) DATE OF BIRTH May 3, 1922
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME name not given

9) PRESENT POSTOFFICE OF FATHER

10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)

12) BIRTHPLACE

13) OCCUPATION

20) Number of children born to mother, including present birth { 1

MOTHER.

14) NAME BEFORE MARRIAGE E. M. Truesdale

15) PRESENT POSTOFFICE OF MOTHER Heath Springs S.C.

16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 16 (Years)

18) BIRTHPLACE

Lancaster S.C.

19) OCCUPATION

House & Farm

(21) Number of children of this mother now living, including present birth { 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Amelia Dunson

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife

Heath Springs 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 June 19 22 (28) E. J. Hammond 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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REG. OF COLUMBIA, COLUMBIA, S. C.