

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Or

29048

Registration District No. Registered No. 120

(For use of Local Registrar)

(2) Full Name of Child *Wilhelmina Fritz*

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
		Take answer only in event of Twins or Triplets		<i>Sept 6 22</i>
				(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	<i>David Fritz</i>	(14) NAME BEFORE MARRIAGE	<i>Ethel Johnson</i>
(9) PRESENT POSTOFFICE OF FATHER	<i>Wrennville SC</i>	(15) PRESENT POSTOFFICE OF MOTHER	<i>Wrennville SC</i>
(10) COLOR OR RACE		(16) COLOR OR RACE	
(11) AGE AT LAST BIRTHDAY	<i>22</i>	(17) AGE AT LAST BIRTHDAY	<i>18</i>
	(Years)		(Years)
(12) BIRTHPLACE	<i>Ladie Iselpa</i>	(18) BIRTHPLACE	<i>Ladie Iselpa</i>
(13) OCCUPATION	<i>Farmer</i>	(19) OCCUPATION	<i>housewife</i>
(20) Number of children born to mother, including present birth	<i>one</i>	(21) Number of children of this mother now living, including present birth	<i>one</i>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *1 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Mary Morrison*

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

Given name added from a supplemental report

(26) Witness *E. M. J. J. J.*

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

(27) Filed *9/10/22* (28) *J. B. J. J.* Local Registrar

When there was no attending physician or midwife, then the father, household, 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.