

PLACE OF BIRTH

Yark
of Bethel
of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

40433

Registration District No. 4401 Registered No. 92
(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child

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

(3) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? X (7) DATE OF BIRTH 10-21-1922
(Name of Month) (Day) (Year)

FATHER.

Charles E. Strait

Smith SC.

(11) AGE AT LAST BIRTHDAY 38
(Years)

Yark Co.

Merchant.

MOTHER.

(14) NAME BEFORE MARRIAGE Mary E. Wallis

(15) PRESENT POSTOFFICE OF MOTHER Smith SC.

(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 31
(Years)

(18) BIRTHPLACE Yark Co.

(19) OCCUPATION Dom

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 13 at 9 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) David E. M. M.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Rock Hill S.C.

Name added from a supplemental report

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

(27) Filed 10/25/1922 (28) Local Registrar.

There was no attending physician or midwife, then the father, householder, etc., should make this return.
Child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Registrar Only

21
Registrar

Ward
(Number.)

named, make
as directed

1922
(Year)

re Knight

elle S.C.

17
(Year)

6 A.M.,
(A. M. or P. M.)

na

or Midwife
elle, S.C.

Registrar.

this return.

letha