

(1) PLACE OF BIRTH

County of PickensTownship of Libertyor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

39789

Registration District No. 3705Registered No. 142
(For use of Local Registrar)

(2) Full Name of Child

Raymond Meece

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

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Sept. 10, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

E. J. Meece

(9) PRESENT POSTOFFICE OF FATHER

Liberty S.C.A.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

(Years)

57

(12) BIRTHPLACE

N.C.

(13) OCCUPATION

Farming

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Marinda Poppe

(15) PRESENT POSTOFFICE OF MOTHER

Liberty S.C.A.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

(Years)

42

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House wife

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianLiberty S.C.A.

Given name added from a supplemental report

(26) Witness

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

19 Registrar

(27) Filed

(28) John T. Boyer 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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