

(1) PLACE OF BIRTH

County of Lexington
 Township of Chungueta
 or
 Inc. Town of _____
 or

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

File No.—For State Registrar Only

8326

Registration District No. 3104 Registered No. 6
 (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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No
 To be answered only in event of Twins or Triplets

(5) Number in order of birth 1
 (6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb 1, 1922
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Edd Fallow

(9) PRESENT POSTOFFICE OF FATHER Batesburg S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38
 (Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

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

MOTHER
 (14) NAME BEFORE MARRIAGE Ida Hallman

(15) PRESENT POSTOFFICE OF MOTHER Batesburg S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33
 (Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 17

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. C. Crissman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Freshville, S.C.

Given name added from a supplemental report

(26) (Witness)

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

(27) File Feb 25, 1922 (28) A. B. D. Matthews
 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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