CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
3300

(1) PLACE OF BIRTH

County of Calhoun

Township of ..... or Inc. Town of St. Matthews, S.C. Registration District No. 8A Registered No. 11 (For use of Local Registrar)

or City of ..... (No. Carroll 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 Joseph Fairey Whitaker (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 Jan. 17, 1922 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Joseph Carroll Whitaker	(14) NAME BEFORE MARRIAGE Beulah Hancock
(9) PRESENT POSTOFFICE OF FATHER St. Matthews, S.C.	(15) PRESENT POSTOFFICE OF MOTHER St. Matthews, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Henderson County, N.C.	(18) BIRTHPLACE Anson County, N.C.
(13) OCCUPATION Mechanic	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 4	(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:10 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Chas. K. Fairey, M.D.

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife St. Matthews, S.C.

Given name added from a supplemental report ..... 19 .... Registrar

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

(27) Filed 3-7-10 1922 (28) A. R. Able 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.

Registrar Local Registrar

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MARGIN RESERVED FOR BINDING.
WHITE PLANIA, WITH UNFADING INK—THIN IN A PERMANENT RECORD
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each CHILD, and mark the PERSONHOOD, No. 1 THE OTHERS, No. 2, etc., in question 5.
Form 8-6
MEDICAL DEPARTMENT, COLUMBIA, S. C.