

(1) PLACE OF BIRTH

County of GuernseyTownship of Saluda

or Inc. Town of

City of

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

(2) Full Name of Child Charles A. Berry

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 22/181

File No. - For State Registrar Only

28669

Registered No. 281
(For use of Local Registrar)

St. : Ward)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 14, 1923
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME William Boy
(9) PRESENT POSTOFFICE OF FATHER Marietta SC
(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 39
(Years)
(12) BIRTHPLACE S. C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 9MOTHER.
(15) NAME BEFORE MARRIAGE Jane Smith
(16) PRESENT POSTOFFICE OF MOTHER Same
(17) COLOR OR RACE W. (18) AGE AT LAST BIRTHDAY 34
(Years)
(19) BIRTHPLACE N. C.
(20) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Chas. A. Berry at 1230 A.M.
(Born at Home or Stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) B. C. Shred(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Marietta, S. C.

Give name added from a supplemental report

(26) Witness (Signature of witness necessary only when question as to date is raised by State)

(27) Filed Oct 13, 1923 (28) John H. Hamblett Local Registrar

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