

(1) PLACE OF BIRTH

County of ChristieTownship of W. M. Millor
Inc. Town ofor
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 Frank

File No.—For State Registrar Only

33719

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1102Registered No. 139
(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?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH. Sept 17, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ed Smith(9) PRESENT POSTOFFICE OF FATHER Basemille(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 36
(Years)(12) BIRTHPLACE Christie Co. S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Eight

MOTHER.

(14) NAME BEFORE MARRIAGE Hessie Houtz(15) PRESENT POSTOFFICE OF MOTHER Basemille(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 36
(Years)(18) BIRTHPLACE Christie Co. S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 10:00 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Longhorn

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 24 is signed by mark)

(27) Filed 11/9/22(28) M. Longhorn
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.