

(1) PLACE OF BIRTH

County of Harvey
 Township of Green
 or
 Inc. Town of
 or
 City of

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

File No. — For State Registrar Only
15351

Registration District No. WTC Registered No. 55
 (For use of Local Registrar)

(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 Immie Mae Cost If child is not yet named, make supplemental report as directed

(3) SEX girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 18 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Immie A. Cost
 (9) PRESENT POSTOFFICE OF FATHER Loris S.C., R 3
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21
 (Years)
 (12) BIRTHPLACE Harvey Co SC
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Maybelle Holt
 (15) PRESENT POSTOFFICE OF MOTHER Loris S.C., R 3
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 16
 (Years)
 (18) BIRTHPLACE Harvey Co., S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:58 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hugh Richardson
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Loris S.C.

Given name added from a supplemental report

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

(27) Filed May 20 22 (28) E. L. Buffum 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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