(1) PLACE OF BIRTH

County of Edgefield, Colliers

Township of .....

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4022

Registration District No. 1902 Registered No. 1

(For use of Local Registrar)

(2) Full Name of Child William Eddie Agner (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Named Month) (Day) (Year)
Boy			yes	January 20 1922

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME William Eddie Agner

(9) PRESENT POSTOFFICE OF FATHER Modoc SC Rt 1

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Edgefield SC

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Fillis

(15) PRESENT POSTOFFICE OF MOTHER Modoc SC Rt 1

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Edgefield Co SC

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) W. G. Whitlock M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Coleman SC

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 Mar. 6. 1922 (28) H. N. Dunaway

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.

N. B.—In case of "TWINS OR TRIPLETS," WRITE "TWIN" OR "TRIPLET" AFTER NAME OF EACH CHILD, and mark the QUESTIONS, No. 3, 4, 5, 6, 7, 20, 21, THE QUESTIONS, No. 2, AND QUESTION 5.

NEATNESS IS ESSENTIAL. PRINT IN INK. DO NOT USE LEAD PENCIL. WRITE PLAINLY. SPELL OUT NAMES IN FULL. DO NOT USE ABBREVIATIONS OR DITTO MARKS.