

(1) PLACE OF BIRTH

County of Orangeburg
Township of North Branchor
The Town ofor
City ofCERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

6525

Registration District No. 402 Registered No. 15
(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 Gas Nekomil Stokes If child is not yet named, make supplemental report as directed(3) SEX Boy (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? ✓ (7) DATE OF BIRTH Mar 4 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry A. Stokes(9) PRESENT POSTOFFICE OF FATHER Branchville S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37
(Years)(12) BIRTHPLACE Branchville S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Will. Rhoad(15) PRESENT POSTOFFICE OF MOTHER Branchville S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36
(Years)(18) BIRTHPLACE Branchville S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alice at 2 P.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) S.P. Remy-M.D. (24) Address of Physician or Midwife

Given name added from a supplemental report

(25) (Signature of Witness necessary only when question 22 is signed by mark)

(26) 3/16 1922 (27) J. L. Remy Local Registrar

When there was no attending physician or midwife, then the father, household, 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.