

(1) PLACE OF BIRTH

County of Wm. Burg
 Township of Ham?
 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
8142

Registration District No. 4362 Registered No. 21
 (For use of Local Registrar)

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

(2) Full Name of Child Davek Strong

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

(3) BOY OR GIRL boy (4) Twin twins (5) Number in order of birth 1st (6) Are Parents Married? yes (7) DATE OF BIRTH march 9 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edais Strong
 (9) PRESENT POSTOFFICE OF FATHER Ham? S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 38
 (Year)
 (12) BIRTHPLACE Wm. Burg Co. S.C.
 (13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Frankie McCallister
 (15) PRESENT POSTOFFICE OF MOTHER Ham? S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 25
 (Year)
 (18) BIRTHPLACE Wm. Burg Co.
 (19) OCCUPATION Housekeeper

(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rosa T. Wilson
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Ham? S.C.

Given name added from a supplemental report

(26) Witness Edie Strong
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed march 20 1922 (28) B. E. Clarkson
 Registrar 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.

SEE INSTRUCTIONS ON REVERSE OF THIS FORM. IF YOU HAVE ANY QUESTIONS, WRITE TO THE BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.

BUREAU OF COLUMBIA, COLUMBIA, S. C.