

(1) PLACE OF BIRTH

County of Aiken
 Township of Rocky Grove
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17352

Registration District No. 209 Registered No. 32
 (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 Isador Peeples Jr. [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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 24, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Isador Peeples Sr.

(9) PRESENT POSTOFFICE OF FATHER Williston, S.C. R. 75

(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 28
 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mable Peeples

(15) PRESENT POSTOFFICE OF MOTHER Sally, S.C.

(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 23
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charity Styles (24) State whether Physician or Midwife Midwife (25) Address of Physic or Midwife Perry, S.C.

Given name added from a supplemental report

(26) Witness Chas. H. Sallee
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 1, 1922 (28) Chas. H. Sallee
 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.