

(1) PLACE OF BIRTH

County of Bamberg
 Township of 3 mile
 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

6533

Registration District No. 404 Registered No. 22
 (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.)

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

(2) Full Name of Child

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 28 1922
 (Name of Month) (Day) (Year)

MOTHER.

FATHER.
 (8) FULL NAME Daniel Sease
 (9) PRESENT POSTOFFICE OF FATHER Ehrhardt S.C.
 (10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 38 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 3

(14) NAME BEFORE MARRIAGE Melle Cunnelly
 (15) PRESENT POSTOFFICE OF MOTHER Ehrhardt S.C.
 (16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Farmer laborer
 (20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 A.M.
 (Born alive or stillborn) (Hour A.M. or P.M.)
 on the date above stated.

(23) (Signature) M. D. Sease(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Ehrhardt S.C.

Given name added from a supplemental report

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

(27) Filed Feb. 28 1922 (28) M. D. Sease 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.