

File No.—For State Registrar Only

County of Alameda

STATE OF SOUTH CAROLINA

24541

Township of Kangley

Bureau of Vital Statistics

OF

Registration District No. 2.14.A Registered No. 66

(For use of Local Registrar)

Inc. Town of.....

City of Bath Ste

(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 Mary, E. Vernon

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

3. BOY OR GIRL *Girl*

(4) Twin or Triplet?

(5) Number in order of birth

(8) Arg Parents

(7) DATE OF BIRTH June 16 1947

BIRTH June 16 1922  
(Name of Month) (Day) (Year)

8) FULL NAME *J. A. Vernon* FATHER.

9. PRESENT  
POST OFFICE  
OF BATH

TO: COLOR *White* (11) AGE AT LAST BIRTHDAY *28*

12 BIRTHPLACE NC

13 OCCUPATION *Miss opr*

20 Number of children born to mother, including present birth 2

MOTHER.  
Miss B. Vanebo

(14) NAME BEFORE MARRIAGE *Janis B. Vanhook*

(15) PRESENT POSTOFFICE *Bethel*

(16) COLOR *White* (17) AGE AT LAST *21*

(18) BIRTHPLACE

(19) OCCUPATION *Housewife*

(21) Number of children of this mother

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(22) I hereby certify that I attended the birth of this child, who was a live at 1145 P. M.,  
on the date above stated.  
(Born alive or stillborn) (How A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed July 9 1927 (28) James H. H. H. H. 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.