

(1) PLACE OF BIRTH

County of

Township of

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

16657

Registration District No. 40-13 Registered No. 35
(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. Mary Ellen Starns 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 6) Are Parents Married? 7) DATE BIRTH May 6, 22
(Name of Month) (Day) (Year)FATHER.
8) FULL NAME William L. Starns

9) PRESENT POSTOFFICE OF FATHER Woodruff S.C.

10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 42
(Years)

12) BIRTHPLACE Union Co

13) OCCUPATION Carpenter

14) Number of children born to mother, including present birth 8

MOTHER.
14) NAME BEFORE MARRIAGE Ellen Garrett

15) PRESENT POSTOFFICE OF MOTHER Woodruff S.C.

16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 33
(Years)

18) BIRTHPLACE Spartanburg Co

19) OCCUPATION Domestic

20) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

21) I hereby certify that I attended the birth of this child, who was born alive at 10 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

22) (Signature) B. J. Workman
23) State where Physician or Midwife 24) Address of Physician or Midwife Woodruff S.C.

Given name added from a supplemental report

25) Witness (Signature of Witness necessary only when question 23 is signed by mark) 26) Date May 12, 1922 27) 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.

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