

(1) PLACE OF BIRTH

County of Bamberg
 Township of Midway
 or
 Inc. Town of _____
 or
 City of _____

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

Registration District No. H.A. 3 Registered No. 15
 (For use of Local Registrar)

File No.—For State Registrar Only

10004

(No. _____) (St. _____) (Ward _____)

(2) Full Name of Child

(3) BOY OR GIRL Girl (4) Twin or Triplet? _____
 To be answered only in event of Twin or Triplet

(6) Are Parents Married yes

(7) DATE OF

BIRTH April 16, 1922
 (Name of Month) (Day) (Year)

MOTHER.

(8) FULL NAME Winnie Lawton

(9) PRESENT POSTOFFICE OF FATHER Bamberg, S.C.

(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 30
 (Years)

(12) BIRTHPLACE Colleton Co., S.C.

(13) OCCUPATION Farmer

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

(14) NAME BEFORE MARRIAGE Minnie Falk

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

(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 35
 (Years)

(18) BIRTHPLACE Colleton Co., S.C.

(19) OCCUPATION Domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 7 A.M.
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(22) (Signature) Emma Amock
 (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Bamberg, S.C.

Give name added from a supplemental report

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

(26) File May 3, 1922 (27) H. Ernest Falk 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.