

(1) PLACE OF BIRTH

County of Pickens  
 Township of Harrison  
 or  
 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

2269

Registration District No. 3.7.5

Registered No. 2  
 (For use of Local Registrar)

(No. \_\_\_\_\_) (St. \_\_\_\_\_) (Ward \_\_\_\_\_)

Full Name of Child Hanna Merck If child is not yet named, make supplemental report as directed

Sex Boy Twin or Triplet? \_\_\_\_\_ No. \_\_\_\_\_  
 To be answered only in event of Twins or Triplets

Age of Parent at Birth yes DATE OF BIRTH Jan 2, 1922  
 Name of Mother \_\_\_\_\_

FATHER: Sea Merck  
Pickens #2  
White  
Pickens W.  
Farming  
 AGE AT LAST BIRTHDAY 25  
 Number of children born to mother including present birth 3

MOTHER: Fizil Sadson  
Pickens W.  
W  
Pickens W.  
Domestic  
 AGE AT LAST BIRTHDAY 20  
 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ M., on the date above stated.

(23) (Signature) Elizabeth Gault  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Pickens #2

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)  
Jan 31, 1922  
 (27) Filed Jan 31, 1922 (28) Local Registrar M. Gault

\*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.

WRITE PLAINLY WITH CAPS AND UNDERLINE. PRINT IN A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS, GIVE EACH PLAINLY. IF CHILD DEAD, MARK THE DATE OF DEATH. IN CASE OF STILLBIRTH, MARK THE DATE OF DEATH.