

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

14486

City of Harry Registration District No. 2509a Registered No. 15
(For use of Local Registrar)

or (No. of Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Queen Leon Vereen If child is not yet named, make supplemental report as directed

BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 26 22
(Name of Month) (Day) (Year)

FATHER.
FULL NAME Watson Vereen
PRESENT POSTOFFICE OF FATHER Loris R # 25c
COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Harry Co SC
OCCUPATION Farm Labor
Number of children born to mother, including present birth 4

MOTHER.
(14) NAME BEFORE MARRIAGE Josephine Cox
(15) PRESENT POSTOFFICE OF MOTHER Loris R # 25c
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE NC
(19) OCCUPATION Farm Labor
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(1) I hereby certify that I attended the birth of this child, who was born alive at 150 (Hour A. M. or P. M.)
on the date above stated. (Born alive or stillborn)

(23) (Signature) M. X. Thompson
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
midwife Pathon NC

Give name added from a supplemental report
..... 191

(26) Witness W. M. Vereen
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 3/4/1922 (28) E. X. Vaught 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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