

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

File No. — For State Registrar Only
19641

(1) PLACE OF BIRTH
 County of Ozark Co.
 Township of Ozark
 or
 Inc. Town of Ozark
 or
 City of Ozark
 (If birth occurs in a hospital or other institution, give name of same instead of street and room number)

Registration District No. 36a Registered No. 101
 (For use of Local Registrar)

(2) Full Name of Child Not Named } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? one (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH 6 7 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Schellie Lunde
 (9) PRESENT POSTOFFICE OF FATHER 110 Trenton St. Ozark SC
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 20 (Years)
 (12) BIRTHPLACE Rowanville SC
 (13) OCCUPATION Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE Livina Jones
 (15) PRESENT POSTOFFICE OF MOTHER 110 Trenton St. Ozark SC
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE Stanton SC
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth one (21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12:30 A. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. D. Rowe (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 110 Trenton St. Ozark SC

Given name added from a supplemental report
 _____, 191____

 Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed _____ 191____ (28) _____ 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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