

## (1) PLACE OF BIRTH

County of Shartanburg

Township of .....

or

Inc. Town of .....

or

City of Shartanburg

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5667

Registration District No. 40-aRegistered No. 97

(For use of Local Registrar)

(No. 112 Beacham St.; 6 Ward)(2) Full Name of Child Devey Atkins

If child is not yet named, make supplemental report as directed

SEX  
BOY OR  
GIRLboy(4) Twin  
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in  
order of birthone(6) Are  
Parents  
Married?yes

(7) DATE OF

BIRTH Jan. 17, 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Devey Frankland Atkins(9) PRESENT POSTOFFICE OF FATHER Shartanburg S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 17 (Year)(12) BIRTHPLACE Shartanburg S.C.(13) OCCUPATION Red Hammer microoperative(14) Number of children born to mother, including present birth one

## MOTHER.

(14) NAME BEFORE MARRIAGE Mable Honeyuckle(15) PRESENT POSTOFFICE OF MOTHER Shartanburg S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Year)(18) BIRTHPLACE Leonard N.C.(19) OCCUPATION house wife(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 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H.E. McDowell M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Shartanburg S.C.

Given name added from a supplemental report

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

(27) Filed 3-1- 19 22 (28) Jas. Copes 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.

Local Registrar

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