

## (1) PLACE OF BIRTH

County of Calhoun  
 Township of Will Hall  
 or  
 Inc. 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

24976

Registration District No. 801Registered No. 67  
(For use of Local Registrar)

(No. .... St.; .... Ward)

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

(2) Full Name of Child Lola Alice Peeling

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

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

DATE OF

BIRTH June 3, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(7) FULL NAME

A. F. Peeling

(8) PRESENT POSTOFFICE OF FATHER

North S. C.

(9) COLOR OR RACE

Negro(10) AGE AT LAST BIRTHDAY 40  
(Years)

(11) BIRTHPLACE

S. C.

(12) OCCUPATION

Farm Hand

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

5

## MOTHER.

(14) NAME BEFORE MARRIAGE

Rosa Carver

(15) PRESENT POSTOFFICE OF MOTHER

North S. C.

(16) COLOR OR RACE

Negro(17) AGE AT LAST BIRTHDAY 31  
(Years)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

Farm Hand

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

5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(21) I hereby certify that I attended the birth of this child, who was alive  
on the date above stated.at 6 A.M.  
(Born alive or stillborn, (Hour, M. or P. M.))(22) (Signature) Alice T. Thomas

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

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

(26) Filed Aug 14, 19221922

(27)

J. H. Humphreys  
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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