

(1) PLACE OF BIRTH

County of Anderson
 Township of Cornel
 or
 Inc. Town of Ira
 or
 City of

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

File No.—For State Registrar Only
6439

Registration District No. 304 Registered No. 25
 (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 No Name. Premature (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? ✓ (5) Number in order of birth ✓ (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 19 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter H. H. H.
 (9) PRESENT POSTOFFICE OF FATHER Ira S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22
 (Years)
 (12) BIRTHPLACE Elbert Co. Ga.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Iola Palgaine
 (15) PRESENT POSTOFFICE OF MOTHER Ira S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20
 (Years)
 (18) BIRTHPLACE Ira S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth none

(20) Number of children born to mother, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at 5:30 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. J. Burnett (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Ira S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed or mark)
 (27) Filed Mar 19 22 (28) S. M. McAdams 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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