

## (1) PLACE OF BIRTH

County of Barnes...Township of 3 mileor Inc. Town of Chickasaw

or City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Of

6530

Registration District No. 404 Registered No. 21  
(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 Thelma Mississ If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet? 12 (5) Number in order of birth 12 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 22, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Frank Mississ(9) PRESENT POSTOFFICE OF FATHER Chickasaw S.C.(10) COLOR OR RACE Cal (11) AGE AT LAST BIRTHDAY 38  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) NAME BEFORE MARRIAGE Shellie Aikin(15) PRESENT POSTOFFICE OF MOTHER Chickasaw(16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 35  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farming(20) Number of children of this mother now living, including present birth Twelve

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) H. H. Hines M.D. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Chickasaw 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 Feb 23, 1922 (28) W. D. Hines 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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