

(1) PLACE OF BIRTH

County of RichmondTownship of Batesburg

or

Inc. Town of Batesburg

or

City of

(No. St.; Ward)
(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 910-4

File No.—For State Registrar Only

27037

Registration District No. 31-4Registered No. 48
(For use of Local Registrar)(2) Full Name of Child March Elizabeth Wise

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

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>2-13-1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Mike W. McFall(9) PRESENT POSTOFFICE OF FATHER Batesburg S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Aiken, S.C.(13) OCCUPATION Common Milk Employee(20) Number of children born to mother, including present birth { 2 }

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Belle Wise(15) PRESENT POSTOFFICE OF MOTHER Batesburg S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Batesburg S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { 2 }

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) L. M. Mitchell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Batesburg 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. 10, 1922 (28) J. J. Atkinson 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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