

McGraw-Hill, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Pickens

Township of

or
Inc. Town of S

or
City of Pickens

(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

Registration District No. 3706

File No.—For State Registrar Only

19863

Registered No. 47
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

June 28, 1922

(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER John G. Acker

(9) PRESENT POSTOFFICE OF FATHER

Pickens, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

45
(Years)

(12) BIRTHPLACE

Anderson Co., S.C.

(13) OCCUPATION

Plumber

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

6

(14) NAME BEFORE MARRIAGE

MOTHER Nola Woodson

(15) PRESENT POSTOFFICE OF MOTHER

Pickens, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

37
(Years)

(18) BIRTHPLACE

Anderson Co., S.C.

(19) OCCUPATION

Housewife

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

at 6:20 A.M.
(Born alive or stillborn?) (Hour) (M. or P.M.)

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19

(28)

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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