

(1) PLACE OF BIRTH

County of LandrumTownship of Wachauville

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 137

File No. — For State Registrar Only

29891

Registered No. 37
(For use of Local Registrar)

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

(2) Full Name of Child Lizzie Berstone (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 — (6) Are Parents Married? No (7) DATE OF BIRTH Sept. 7, 1922
(Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME James Berstone(10) PRESENT POSTOFFICE OF FATHER Wachauville, S.C.(11) COLOR OR RACE Col. (12) AGE AT LAST BIRTHDAY 23 (Year)(13) BIRTHPLACE Landrum Co.(14) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Magnolia Green(15) PRESENT POSTOFFICE OF MOTHER Wachauville, S.C.(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 22 (Year)(18) BIRTHPLACE Landrum Co.(19) OCCUPATION At home(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 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rebecca M. H. H. H.(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Landrum Co.

Given name added from a supplemental report

(26) Witness Local Registrar
(Signature of Witness necessary only when question 23 is signed by mother)(27) Filed Sept. 1, 1922 (28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.