

(1) PLACE OF BIRTH

County of Florence
 Township of
 OF
 Inc. Town of Stille
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4172

Registration District No. 2015 Registered No. 18
 (For use of Local Registrar)

City of (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

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

(3) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in event of Twin or Triplet		<u>Yes</u>	<u>Feb. 17, 1922</u> (Name of Month) (Day) (Year)
FATHER				
(8) FULL NAME	<u>George Harriot</u>			
(9) PRESENT POSTOFFICE OF FATHER	<u>Stille S.C.</u>			
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY			
<u>Col</u>	<u>33</u> (Years)			
(12) BIRTHPLACE	<u>Florence Co.</u>			
(13) OCCUPATION	<u>Farm</u>			
MOTHER				
(14) NAME BEFORE MARRIAGE	<u>Lilla Davis</u>			
(15) PRESENT POSTOFFICE OF MOTHER	<u>Stille S.C.</u>			
(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY			
<u>Col</u>	<u>26</u> (Years)			
(18) BIRTHPLACE	<u>Florence Co.</u>			
(19) OCCUPATION	<u>Domestic</u>			
(20) Number of children born to mother, including present birth	<u>5</u>			
(21) Number of children of this mother now living, including present birth	<u>2</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Sarah Davis
 (24) State whether Physician or Midwife (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 Mar 8, 1922 P. H. Nelson 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.

NOT TO BE FILLED IN BY THE REGISTRAR. THIS IS A PRELIMINARY REPORT. IT IS NOT TO BE USED IN ANY OTHER MANNER. IT IS NOT TO BE USED IN ANY OTHER MANNER. IT IS NOT TO BE USED IN ANY OTHER MANNER.