

REPLACES OF CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. SEE INSTRUCTIONS ON REVERSE SIDE. THIS FORM, No. 1, THIS OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
 County of Pickens S.C.
 Township of Liberty
 or
 Inc. Town of _____
 or
 City of _____

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

File No.—For State Registrar Only
2279

Registration District No. 3705 Registered No. 7
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. _____ St. _____ Ward _____)

(2) Full Name of Child Helma Whitehead (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? yes (7) DATE OF BIRTH June 28 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Link Whitehead
 (9) PRESENT POSTOFFICE OF FATHER Liberty, S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 48
 (Year)
 (12) BIRTHPLACE Pickens Co. S.C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 5

MOTHER.
 (14) NAME BEFORE MARRIAGE Hetta Ann Beattie
 (15) PRESENT POSTOFFICE OF MOTHER Liberty S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35
 (Year)
 (18) BIRTHPLACE Pickens Co. S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
 (22) I hereby certify that I attended the birth of this child, who was born at 7:30 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Invest George M. W.
 (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Liberty 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 June 5 1922 (28) John T. Boyce 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.