(1) PLACE OF BIRTH

County of Chas S.C.

Township of .....

or

Inc. Town of .....

or

City of Chas S.C.

(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. 9A Registered No. 269
(For use of Local Registrar)

(No. 17 Short St.; ..... Ward)

File No.—For State Registrar Only
3422

(2) Full Name of Child Beatrice White

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 \

To be answered only in event of Twins or Triplets

(6) Are Parents Married? No.

(7) DATE OF BIRTH Feb 12 1922 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Christopher Bailey	(14) NAME BEFORE MARRIAGE	Selina White
(9) PRESENT POSTOFFICE OF FATHER	Chas S.C.	(15) PRESENT POSTOFFICE OF MOTHER	Chas S.C.
(10) COLOR OR RACE	Col	(16) COLOR OR RACE	Col
(11) AGE AT LAST BIRTHDAY (Years)	19	(17) AGE AT LAST BIRTHDAY (Years)	16
(12) BIRTHPLACE	John Isld.	(18) BIRTHPLACE	Edisto Isld.
(13) OCCUPATION	Driver	(19) OCCUPATION	Domestic
(20) Number of children born to mother, including present birth	1	(21) Number of children of this mother now living, including present birth	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9:30 a. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Alia Bryan

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife 13 Short St.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed 2/15 1922 (28) Mercer 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.

(Date of) Filed ..... 19..

Registrar. Cor. 9-9-37

McCaw of Columbia, S. C.

N. B.—In case of TYPING THE TERRITORIES use a MEDIA-PLAYING BLANK FOR MARKING CERTAIN PARTS—BOXES, No. 1. Text (OFFICE), No. 2, etc., in question 15.