

County of St. Mary
Township of St. John
or
Inc. Town of.....
or
City of

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

17701

(No. St.; Ward)
(Indicate also name of same instead of street and number.)

3. BOY OR GIRL? ☒ BOY ☐ GIRL

4. Twin or Triplet? ☐ Twin ☐ Triplet

5. Number in order of birth _____

6. Are Parents Married? ☒ Yes ☐ No

7. DATE OF BIRTH June 18, 1922
(Name of Month) (Day) (Year)

To be answered only in case of Twins or Triplets

MOTHER.

(14) NAME BEFORE MARRIAGE *Annie Governor*

(15) PRESENT POSTOFFICE OF MOTHER *St. Stephens*

(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY..... *21*.....
(Years)

(18) BIRTHPLACE *St. Stephens*

(19) OCCUPATION *Farming*

(21) Number of children of this mother now living, including present birth *1*

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

(23) (Signature) James H. Anderson
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Wichita St. E. Leavenworth

Given name added from a supplement-
tal report

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..... 19

Registrar

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

(27) Filed June 28, 1922 (28) W. R. Gentry
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.