

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Harvey
Township of Little River
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

22658

Registration District No. 7507

Registered No. 37
(For use of Local Registrar)

(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 Martha Vereen

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

3) BOY OR GIRL? Girl 4) Twin or Triplet? Twin 5) Number in order of birth 1st 6) Are Parents Married? Yes 7) DATE OF BIRTH June 14, 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Bunney Vereen
9) PRESENT POSTOFFICE OF FATHER Wampsee, S.C.
10) COLOR OR RACE Negro 11) AGE AT LAST BIRTHDAY 34 (Years)
12) BIRTHPLACE Harvey Co., S.C.
13) OCCUPATION Farming
20) Number of children born to mother, including present birth Six

MOTHER.

14) NAME BEFORE MARRIAGE Addie Livingston
15) PRESENT POSTOFFICE OF MOTHER Wampsee, S.C.
16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY 31 (Years)
18) BIRTHPLACE Harvey Co.
19) OCCUPATION House & Farm Work
21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elizabeth Green

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Wampsee, 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 16, 1922 (28) Elizabeth Green 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.