

(1) PLACE OF BIRTH

County of Bamberg
 Township of Buford Bridge
 or
 Inc. Town of Classe
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

13709

Registration District No. 401 Registered No. 55
 (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)

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

(2) Full Name of Child

(3) BOY OR GIRL girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? yes (7) DATE OF BIRTH 6/2 1922
 (Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Harold B Ayer
 (9) PRESENT POSTOFFICE OF FATHER Classe
 (10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 32 (Year)
 (12) BIRTHPLACE White SC
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Missie J. Kinard
 (15) PRESENT POSTOFFICE OF MOTHER Classe
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Year)
 (18) BIRTHPLACE SC
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. B. Ray (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Classe

Given name added from a supplemental report

(26) Witness

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

19 _____ Registrar

(27) Filed May 18 1922 (28) J. E. Bennett 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.