

(1) PLACE OF BIRTH

County of Colleton
 Township of Boston
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

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

File No. - For State Bureau Only
41850

Registration District No. 464

Registered No. 1189
 (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

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 8 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 12, 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wattie Falk

(9) PRESENT POSTOFFICE OF FATHER Elmhurst S.C.

(10) COLOR OR RACE Wm. (11) AGE AT LAST BIRTHDAY 26
 (Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Rena Mason

(15) PRESENT POSTOFFICE OF MOTHER Elmhurst S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30
 (Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Farmer laborer

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mary Falk

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Elmhurst 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 Dec. 18, 22

(28) W. D. Kinsard
 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.