

(1) PLACE OF BIRTH

County of

Township of

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

20163

Registration District No. 4001 B

Registered No. 29
(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

Joe Henry Styles

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 14, 22
(Month) (Day) (Year)

FATHER.

(8) FULL NAME

Pete Styles

(9) PRESENT POSTOFFICE OF FATHER

Willford SP

(10) COLOR OR RACE

Cal

(11) AGE AT LAST BIRTHDAY

38
(Years)

(12) BIRTHPLACE

Spartanburg Co

(13) OCCUPATION

Farmer

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

Nine (9)

MOTHER.

(14) NAME BEFORE MARRIAGE

Lallie King

(15) PRESENT POSTOFFICE OF MOTHER

Willard SP

(16) COLOR OR RACE

Cal

(17) AGE AT LAST BIRTHDAY

34
(Years)

(18) BIRTHPLACE

Lancaster Co

(19) OCCUPATION

House wife

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

Six (6)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(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)

Pearl Bullinger

(24) State whether Physician or Midwife

(25) State whether Physician or Midwife

Given name added from a supplemental report

(26) Witness

Pete Styles

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

(27) File

June 14, 22

(28) File

S. B. Moore

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 seventh month of pregnancy.