

(1) PLACE OF BIRTH

County of Pickens
Township of Liberty
OR
Inc. Town of.....
OR
City of

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

Registration District No. 3705

File No.—For State Registrar Only
16387

Registered No. 576
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of.....St.,.....Ward)
(2) Full Name of Child Dewey Harold Volrath child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH May 14 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bert Volrath

(9) PRESENT POSTOFFICE OF FATHER Liberty S C

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26
(Years)

(12) BIRTHPLACE Oconee Co S C

(13) OCCUPATION Textile

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Lee Lockaby

(15) PRESENT POSTOFFICE OF MOTHER Liberty, S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21
(Years)

(18) BIRTHPLACE Greenville Co S C

(19) OCCUPATION Domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 A. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Sheldon MD

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Liberty, 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 7 1922 (28) John D. Byers 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.

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