

PLACE OF BIRTH

County of Williamsburg
 Precinct of Sutton
 or
 Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

22881

Registration District No. 4312 Registered No. 17
 (For use of Local Registrar)

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Full Name of Child Island E. Michener If child is not yet named, make supplemental report as directed

Sex of Child Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 6, 1923
 To be answered only in event of Twin or Triplet

FATHER: (8) FULL NAME Walter W. Michener (14) NAME BEFORE MARRIAGE R.E. Michener

(9) PRESENT POSTOFFICE OF FATHER Sutton SC (15) PRESENT POSTOFFICE OF MOTHER Sutton SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40

(12) BIRTHPLACE Sutton (18) BIRTHPLACE N.C.

(13) OCCUPATION Farmer (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 14 (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 alive at 6:30 M., on the date above stated. (Born alive or stillborn) Hour A. M. P. M.

(23) (Signature) Elizabeth Perry Michener (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed July 9, 1923 (28) 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.