

(1) PLACE OF BIRTH

County of Pickens

Township of

Inc. Town of Easley

City of

If birth occurs in a hospital or other institution, give name of same instead of street and number.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 27-2 Registered No. 2

File No.—For State Registrar Only

2242

(For use of Local Registrar)

(2) Full Name of Child

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

3. SEX OR Bo (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Jan. 20, 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

8. FULL NAME Orion Q. Day9. PRESENT POSTOFFICE OF FATHER Easley, S. C.10. COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 35
(Years)12. BIRTHPLACE S. C.13. OCCUPATION Farmer20. Number of children born to mother, including present birth 7

MOTHER

14. NAME BEFORE MARRIAGE Ellen E. Baguwell15. PRESENT POSTOFFICE OF MOTHER Easley, S. C.16. COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 30
(Years)18. BIRTHPLACE S. C.19. OCCUPATION Housewife21. 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 at 12:30 M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) E. H. W. Yates, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Easley, S. C.

Given name added from a supplemental report:

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

(27) Filed Jan. 20, 1922 (28) E. H. W. Yates 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.