

(1) PLACE OF BIRTH

County of Darlington
 Township of Hallston
 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 Registrar Only

12050

Registration District No. 513 Registered No. 37
 (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 Phyllis Armstrong If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Number in order of birth (6) Are Parents Married yes (7) DATE OF BIRTH May 22 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Oscar Armstrong
 (9) PRESENT POSTOFFICE OF FATHER Edisto SC H#2
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29
 (Year) (12) BIRTHPLACE SC
 (13) OCCUPATION Farm Hand
 (14) Number of children born to mother, including present birth 14

MOTHER.

(14) NAME BEFORE MARRIAGE Phyllis Williams
 (15) PRESENT POSTOFFICE OF MOTHER Edisto SC H#2
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27
 (Year) (18) BIRTHPLACE SC
 (19) OCCUPATION Wife and Field Hand
 (20) Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) E. C. Williams(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Edisto SC H#2

Given name added from a supplement-
 al report

(26) Witness J. H. Johnson
 (Signature of Witness necessary only
 when question 23 is signed by mark)

(27) Filed June 19 1922 (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.