

## (1) PLACE OF BIRTH

County of Wm. LenoirTownship of Hopeor  
Inc. Town of .....

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. 4301

File No.—For State Registrar Only

32605Registered No. 103  
(For use of Local Registrar)(2) Full Name of Child Mary Emma Pope

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 1, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Edwin J. Franklin Pope(9) PRESENT POSTOFFICE OF FATHER Greelyville S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 60 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 14

## MOTHER.

(14) NAME BEFORE MARRIAGE Mellie Reckberg(15) PRESENT POSTOFFICE OF MOTHER Greelyville S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive GNCR on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Nancy Scott(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greelyville 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 Sept 16, 1922 (28) J. P. Plazards 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.

RECORD OF COLUMBIA, COLUMBIA, S. C.