

**II (1) PLACE OF BIRTH**

County of Warren  
Township of Hebron  
or  
Inc. Town of.....  
or  
City of .....

# CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

16219

Registration District No. 3608 Registered No. 27  
(For use of Local Registrar)

(2) Full Name of Child Miriam Soladure If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet?  To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>no</i>	(7) DATE OF BIRTH <i>May 6 1922</i> (Name of Month) (Day) (Year)
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## CAUTION

(8) FULL NAME	
(9) PRESENT POSTOFFICE OF FATHER	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY <small>(Years)</small>
(12) BIRTHPLACE	
(13) OCCUPATION	
(14) Number of children born to mother, including present birth	3

# MOTHER

(14) NAME BEFORE MARRIAGE: *Leola Treachnell*

(15) PRESENT POSTOFFICE OF MOTHER: *North SC*

(16) COLOR OR RACE: *Col* (17) AGE AT LAST BIRTHDAY: *23* (Year)

(18) BIRTHPLACE: *Orangeburg County*

(19) OCCUPATION: *Domestic*

(21) Number of children of this mother: *3*

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Margie Green m.m.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Wpnt. Co.

(Given name added from a supplemental report)

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

(27) Filed May 8 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.