

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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

File No.—For State Registrar Only

14247

Registration District No. 1107 Registered No. 60
(For use of Local Registrar)

(2) Full Name of Child

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

3) BOY OR GIRL?	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married?	7) DATE OF BIRTH (Name of Month) (Day) (Year)
		1st	Yes	June 6 1922
FATHER			MOTHER	
8) FULL NAME			14) NAME BEFORE MARRIAGE	
John T. Hough			Eva Srient	
9) PRESENT POSTOFFICE OF FATHER			15) PRESENT POSTOFFICE OF MOTHER	
Great Falls, S.C.			Great Falls, S.C.	
10) COLOR OR RACE	11) AGE AT LAST BIRTHDAY	16) COLOR OR RACE	17) AGE AT LAST BIRTHDAY	
White	35 (Years)	White	31 (Years)	
12) BIRTHPLACE			18) BIRTHPLACE	
Lowcountry			Sharon, Tenn.	
13) OCCUPATION			19) OCCUPATION	
Textile			Domestic	
20) Number of children born to mother, including present birth			21) Number of children of this mother now living, including present birth	
1st			1	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(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.

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1. NAME FOR EACH CHILD, and mark the
BORN, No. 1 THE OTHER, No. 2, etc., in question 3.
Bureau of Columbia, Co. James, B. C.