

(1) PLACE OF BIRTH

County of SaludaTownship of No 1or
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

16581

Registration District No. 3922 Registered No. 2
(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? Boy(4) Twin or Triplet? one
To be answered only in event of Twins or Triplets(5) Number in order of birth 1st(6) Are Parents Married? yes(7) DATE OF BIRTH May 9, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Brookus Falls Derrick(9) PRESENT POSTOFFICE OF FATHER Leeville S.C. R.F. D. No 7(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Saluda County(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Marie Louis(15) PRESENT POSTOFFICE OF MOTHER Leeville S.C. R.F. D. No 7(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE Saluda County(19) OCCUPATION House-wiver(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2 1/2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) S. Sidney Clark(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Leeville 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 May 11, 1922 (28) O. D. J. Anderson Local Registrar

19 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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