

(1) PLACE OF BIRTH

County of Berkland
 Township of Delmar
 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

2317

Registration District No. Registered No. 1072

(For use of Local Registrar)

(No. College Place 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 Phylla Eudora Vernon (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1
 To be answered only in event of Twin or Triplet
 (6) Are Parents Married? yes (7) DATE OF BIRTH 1-4-22
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME David O. Vernon
 (9) PRESENT POSTOFFICE OF FATHER College Place S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39
 (12) BIRTHPLACE Lithonsville O.
 (13) OCCUPATION Teacher
 (14) Number of children born to mother, including present birth 12

MOTHER

(15) NAME BEFORE MARRIAGE Grace M. Katter
 (16) PRESENT POSTOFFICE OF MOTHER College Place S.C.
 (17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 32
 (19) BIRTHPLACE Baton O.
 (20) OCCUPATION Teacher
 (21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:30 AM on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) W. H. Puse

(24) Name, 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 22 is signed by mark)

(27) Filed 1/4/22

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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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

RECEIVED BY REGISTRAR, COLORED, S. C.