

(1) PLACE OF BIRTH

County of Cornwall
Township of Watsooga

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31499

City of
City of (No. 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. Pessie { If child is not yet named, make supplemental report as directed3 SEX OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? no (7) DATE OF BIRTH Sept 12 1922
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

8 FULL NAME one given(14) NAME BEFORE MARRIAGE Ethel Frewell

9 PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER ht Rest S.C.

10 NAME OF MOTHER (11) AGE AT LAST BIRTHDAY (Years)

(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY (Years)

12 BIRTHPLACE

(18) BIRTHPLACE Cornwall Co

13 OCCUPATION

(19) OCCUPATION Housekeeper14 Number of children born to mother (including present birth) one(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 born at Rest (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) P. H. Stray(24) State whether Physician or Midwife (25) Address of Physician or Midwife W. R. Hunt SC

When name added from a supplemental report

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

(27) Filed Sept 27 1922 (28) W. R. Hunt Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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.