

(1) PLACE OF BIRTH

County of *Cherokee*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of *Puddledton*or
Inc. Town ofRegistration District No. *310*Registered No. *4*

City of

(No.)

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Ethel Matilda Werner*

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

(3) BOY OR
OR
GIRL *Girl*(4) Twin
or Triplet?(5) Number in
order of birth
(Set personal note in rear of form if applicable)(6) Are
Parents
Married? *Yes*(7) DATE OF
BIRTH*1 12 22*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME *E. P. Werner*(9) PRESENT
POSTOFFICE
OF FATHER *Puddledton S.C.*(10) COLOR
OR
RACE *W*(11) AGE AT LAST
BIRTHDAY *29*
(Years)(12) BIRTHPLACE
Puddledton, S.C.(13) OCCUPATION
Textile operator(14) Number of children born to
mother, including present birth *6*

MOTHER.

(14) NAME BEFORE
MARRIAGE *June Camp*(15) PRESENT
POSTOFFICE
OF MOTHER *Puddledton S.C.*(16) COLOR
OR
RACE *W*(17) AGE AT LAST
BIRTHDAY *30*
(Years)(18) BIRTHPLACE
Rabun Co., Ga(19) OCCUPATION
Housewife(20) Number of children of this mother
now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *8 a* M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *C. E. Johnston*(24) State whether Physician or Midwife (25) Address of Physician or Midwife
*Puddledton*Given name added from a supplement-
al report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed *Feb. 19, 1922*(28) *N. N. Lawright*
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.*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.FORM NO. 1. MAINLY DESIGNED FOR MINING
STATES MINING SYSTEM COMPANY
COLUMBIA, S. C.

COLUMBIA, S. C. 29201