

## (1) PLACE OF BIRTH

County of Georgetown

Township of .....

or

Inc. Town of .....

or

City of #3

(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

38421

Registration District No. 2107Registered No. 62

(For use of Local Registrar)

(No. Whites Bridge St.; ..... Ward)(2) Full Name of Child WILLIAM HASKELL ARRAWAY

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH April 29, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

HASKELL ARRAWAY

(9) PRESENT POSTOFFICE OF FATHER

Georgetown S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

33  
(Years)

(12) BIRTHPLACE

Georgetown S.C.

(13) OCCUPATION

Pipe Fitter

(20) Number of children born to mother, including present birth

One

## MOTHER.

(14) NAME BEFORE MARRIAGE

Ruth McDonald

(15) PRESENT POSTOFFICE OF MOTHER

Georgetown S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

29  
(Years)

(18) BIRTHPLACE

Georgetown S.C.

(19) OCCUPATION

Housework

(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 alive at 9:30 P. M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. A. Bell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Georgetown 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

Dec 11, 1922

(28)

Mrs. R. F. King  
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.

Registrar

Local Registrar.

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MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.

MEDICAL DEPARTMENT, COLUMBIA, S. C.

MEDICAL DEPARTMENT