

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

(2) Full Name of Child *Mary Frank*

File No.—For State Registrar Only

17407

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *4444*Registered No. *777*  
(For use of Local Registrar)

(3) BOY OR GIRL

*Girl*

(4) Twin or Triplet?

*No*

(5) Number in order of birth

*1*

(6) Are Parents Married?

*Yes*

(7) DATE OF BIRTH

*Jan 16, 1922*

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

## FATHER.

(8) FULL NAME

*Willie Frank*

(9) PRESENT POSTOFFICE OF FATHER

*Hattiesville*

(10) COLOR OR RACE

*Col*

(11) AGE AT LAST BIRTHDAY

*35*

(12) BIRTHPLACE

*SC*

(13) OCCUPATION

*Farmer*

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

*1 Miss (9)*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Lizzie Reed*

(15) PRESENT POSTOFFICE OF MOTHER

*Hattiesville*

(16) COLOR OR RACE

*Col*

(17) AGE AT LAST BIRTHDAY

*34*

(18) BIRTHPLACE

*Hattiesville SC*

(19) OCCUPATION

*Field Hand and Housework*

(21) Number of children of this mother now living, including present birth

*19 Miss*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *12* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

*Lizzie Reed*

(24) State whether Physician or Midwife

*Midwife*

(25) Address of Physician or Midwife

*Hattiesville MS*

Given name added from a supplemental report

*Miss William**July 5, 1922*

Registrar

(26) Witness

*E. W. Ellis*

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

(27) Filed

*July 6, 1922*

(28)

*J. A. Reese*

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.

SEE BORN NO. 1 THE OTHER, No. 2, etc., in question 5.  
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.