

(1) PLACE OF BIRTH

County of Kingston
 Township of Gilbert
 or Wallowa
 Inc. Town of.....
 or.....
 City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 2177

File No.—For State Registrar Only

19389Registered No. 22
(For use of Local Registrar)

(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

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

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth <u>2</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH Date of Month (Day) (Year) <u>June 9th 1922</u>
FATHER.			MOTHER.	
8) FULL NAME <u>A. G. Koon</u>			14) NAME BEFORE MARRIAGE <u>Ola Adams</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Dressville S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Dressville S.C.</u>	
10) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	16) COLOR OR RACE <u>White</u>	17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
12) BIRTHPLACE <u>Newberry Co. S.C.</u>		18) BIRTHPLACE <u>Newberry Co. S.C.</u>		
13) OCCUPATION <u>Farmer</u>		19) OCCUPATION <u>Housewife</u>		
20) Number of children born to mother, including present birth <u>2</u>		21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. M. Spason

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Dressville 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 19 (28) 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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