

(1) PLACE OF BIRTH

County of Fairfax
 Township of
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 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

32183

Registration District No. 4/2-CRegistered No. 157
(For use of Local Registrar)

(2) Full Name of Child

Junior Vernon

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

3) BOY OR GIRL

Boy

4) Twin or Triplet?

No

(5) Number in order of birth

1

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH Sept 29 1922
(Name of Month) (Day) (Year)

FATHER

5) FULL NAME

Berry Vernon

6) PRESENT POSTOFFICE OF FATHER

Immense R 3

12) COLOR OR RACE

Col.

(11) AGE AT LAST BIRTHDAY

3:30
(Years)

12) BIRTHPLACE

Sept Co SC

13) OCCUPATION

Farmer

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

5

MOTHER

(14) NAME BEFORE MARRIAGE

Rosa Pruitt

(15) PRESENT POSTOFFICE OF MOTHER

Immense

(16) COLOR OR RACE

Col.

(17) AGE AT LAST BIRTHDAY

28
(Years)

(18) BIRTHPLACE

Sept Co SC

(19) OCCUPATION

Housewife

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was.....
on the date above stated.Born alive at 5:30 M.,
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Elna Ballenger

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

affid.

(26) Witness

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

(27) Filed

Oct 1 1922

(28) Local Registrar

Elna Ballenger

Given name added from a supplemental report

L. A. Piser, M.D.7/16/43, 19 ..
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.

MAINTAIN RECORDS FOR BUNTING.
 WHITE PLAINLY WITH UNIFORM ENTRIES IN A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS, use a SUPPLEMENTED BLANK PAGE CHILD, and women use
 BIRTH-BOOK, No. 1 THE OTHER, No. 2, REP. IN QUESTION 3.
 MADE IN COLUMBIA, S. C.