

(1) PLACE OF BIRTH

County of Mecklenburg
Township of Waverly
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.)

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

Registration District No. 1410 Registered No. 122
(For use of Local Registrar)
(No. St.; Ward)

File No.—For State Registrar Only
41885

(2) Full Name of Child

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

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 11, 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Simon Street
(9) PRESENT POSTOFFICE OF FATHER Meigs St
(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY 47 (Years)
(12) BIRTHPLACE C.B.
(13) OCCUPATION Teacher
(20) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Lamela Harris
(15) PRESENT POSTOFFICE OF MOTHER Meigs St
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 32 (Years)
(18) BIRTHPLACE St
(19) OCCUPATION Housewife
(21) 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 2 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jane Smuck
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Meigs St

Given name added from a supplemental report

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

(37) Filed Dec 25 1922 (28) Matthi Kinsey 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.

WHEN PLACING WITH DEPARTING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRSTBORN, No. 1. THIS OFFICE, No. 2, etc., in question 6. MEANS OF COLUMBIA, COLUMBIA, S. C.