(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
22052

County of ..Fairfield.....

Township of ..11.....

or
Inc. Town of ..... Registration District No. ~~1010~~ 11 ....Registered No. 1910 .....
(For use of Local Reistrar)

or
City of ..... (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...Andrye Lorick..... .... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy | (4) Twin or Triplet? | (5) Number in order of birth 6 | (6) Are Parents Married? Yes | (7) DATE OF BIRTH June, 17, 1922
To be answered only in event of Twins or Triplets | (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Isrel Lorick	(14) NAME BEFORE MARRIAGE Vara Cook
(9) PRESENT POSTOFFICE OF FATHER Wallaceville, S.C.	(15) PRESENT POSTOFFICE OF MOTHER Wallaceville, S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Fairfield Co	(18) BIRTHPLACE Fairfield Co
(13) OCCUPATION Farming	(19) OCCUPATION Farm and house work
(20) Number of children born to mother, including present birth { 6	(21) Number of children of this mother now living, including present birth { 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Minnie X Pearson

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191....

..... Registrar

(26) Witness J. F. Gunnarung
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 24 1915 (28) J. F. Gunnarung 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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