

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

13699

Registration District No. 400 Registered No. 74
 (For use of Local Registrar)

(2) Full Name of Child Fred Emma J. If child is not yet named, make supplemental report as directed.

(3) SEX Male (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH May 12, 1922
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Fred Emma
 (9) PRESENT POSTOFFICE OF FATHER Hammar, S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25
 (12) BIRTHPLACE Bamberg County
 (13) OCCUPATION Farm

MOTHER

(14) NAME BEFORE MARRIAGE Emma Nix
 (15) PRESENT POSTOFFICE OF MOTHER Hammar, S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27
 (18) BIRTHPLACE Colleton County
 (19) OCCUPATION Domestic
 (20) Number of children born to mother, including present birth 3
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 P. M. on the date above stated. (born) (Hour A. M. or P. M.)

(23) (Signature) James E. Simmons
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bamberg, S.C. No. 4.

Given name added from a supplemental report.

(26) Witness A. B. Bamberg
 (Signature of Witness necessary when question 22 is signed in blank)
 (27) Fred J. P. 2 (28) John Coomer
 19 _____ Local Registrar

If there was no attending physician or midwife, then the father, householder, or 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.