

(1) PLACE OF BIRTH

County of FairfieldTownship of 8

Inc. Town of

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

File No.—For State Registrar Only

42738

Registration District No. 19.2.1 Registered No. 54

(For use of Local Registrar)

(2) Full Name of Child Matthe Derry

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 1 1921
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME McClellan Derry(9) PRESENT POSTOFFICE OF FATHER Proquay or RFD #3(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Fairfield County SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

MOTHER

(14) NAME BEFORE MARRIAGE Minnie Green(15) PRESENT POSTOFFICE OF MOTHER Proquay or RFD #3(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Fairfield County SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P. M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Nancy M. Derry

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

(26) Witness W. G. Whitlock

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

(27) Filed Jan. 18 1922 (28) P. B. Chapman Local Registrar

(Given name added from a supplemental report)

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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.

WRITE PLAINLY, WITH UNFADING INK. FILL IN A PERMANENT RECORD. In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.