

(1) PLACE OF BIRTH

County of AndersonTownship of PickensInc. Town of PickensCity of Pickens

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3 B

No. for State Register Only

185

Registered No. 2

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Bernice Merritt

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 1 6) Are Parents Married Yes 7) DATE OF BIRTH Jan 6 1923

FATHER.

8) FULL NAME D. E. Merritt

9) PRESENT POSTOFFICE OF FATHER Pickens

10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 42

12) BIRTHPLACE S.C.

13) OCCUPATION farmer

14) Number of children born to mother, including present birth 2

MOTHER.

14) NAME BEFORE MARRIAGE Bernice Merritt

15) PRESENT POSTOFFICE OF MOTHER Pickens

16) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 27

18) BIRTHPLACE S.C.

19) OCCUPATION Domestic

20) 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 or stillborn on the date above stated. (Born alive or stillborn) (Sex A. M. or P. M.)(23) (Signature) Jan 6 1923 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Pickens

Given name added from a supplemental report

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

(27) Jan 6 1923 (28) D. Schelling 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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