

(1) PLACE OF BIRTH

County of Oconee
 Township of Pulaski
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
39555

Registration District No. 3503 Registered No. 22
 (For use of Local Registrar)

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 Carrie Recie Pointer [If child is not yet named, make supplemental report as directed]

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 28, 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Jasper Pointer
 (9) PRESENT POSTOFFICE OF FATHER Mt. Rest S.C. R.F.D.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 65
 (12) BIRTHPLACE Oconee Co.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Elmer Smith
 (15) PRESENT POSTOFFICE OF MOTHER Mt. Rest S.C. R.F.D.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35
 (18) BIRTHPLACE Oconee Co.
 (19) OCCUPATION Housewife
 (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 alive at 9 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sallie Smith (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Battle Creek - S.C.

Given name added from a supplemental report

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

(27) Filed Dec 4, 1922 (28) J. M. Watkins 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.