

Form No. 1

## (1) PLACE OF BIRTH

County of BerkleyTownship of St. Stephens

Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 205 Registered No. 99

(For use of Local Registrar)

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 A. B. Jr.

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

(3) BOY OR GIRL <u>B</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Apr 3 1922</u>
(Name of Month) (Day) (Year)				

## FATHER.

(3) FULL NAME Delor W. Rennie(5) PRESENT POSTOFFICE OF FATHER St. Stephens(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Flomies(13) OCCUPATION Self-employed(20) Number of children born to mother, including present birth 1 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Morris(15) PRESENT POSTOFFICE OF MOTHER St. Stephens(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE New York(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Serena Hasler(24) State whether Physician or Midwife. (25) Address of Physician or Midwife St. Stephens

Given name added from a supplemental report

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

(27) Filed April 22 1922 (28) Local Registrar

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.