

(1) PLACE OF BIRTH

County of York
 Township of West York
 or
 Inc. Town of
 or
 City of

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

Registration District No. 2803

File No. For State Registrar Only
35858-6
39053-6

Registered No. 119
 (For use of Local Registrar)

Only

(2) Full Name of Child

(3) BOY OR GIRL girl
 (4) Twin or Triplet? No
 To be answered only in event of Twins or Triplets
 (5) Number in order of birth 1
 (6) Are Parents Married? yes

(7) DATE OF BIRTH May 26, 1922
 (Name of Month) (Day) (Year)
 If child is not yet named, make supplemental report as directed

FATHER.
 (8) FULL NAME Ed Egle
 (9) PRESENT POSTOFFICE OF FATHER Kershaw D.C.
 (10) COLOR OR RACE Wepo
 (11) AGE AT LAST BIRTHDAY 30
 (Year)
 (12) BIRTHPLACE D.C.
 (13) OCCUPATION Domestic

MOTHER.
 (14) NAME BEFORE MARRIAGE Charlie Harris
 (15) PRESENT POSTOFFICE OF MOTHER Kershaw D.C.
 (16) COLOR OR RACE Wepo
 (17) AGE AT LAST BIRTHDAY 29
 (Year)
 (18) BIRTHPLACE D.C.
 (19) OCCUPATION Wepo
 (21) Number of children of this mother now living, including present birth 5

(20) Number of children born to mother, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:20 M., on the date above stated. (Hour, M. or P. M.)

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife Physician
 (25) Address of Physician or Midwife Kershaw D.C.

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) [Signature]
 (27) Filed Nov. 22, 1922 (28) J.C. Nelson 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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