

(1) PLACE OF BIRTH

County of NewberryTownship of Little Mt.or Inc. Town of Little Mt.City of Little Mt.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3401

File No.—For State Registrar Only

31389Registered No. 44
(For use of Local Registrar)(No. 3401 St. 44 Ward 44)
If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Harold Lake Wise

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Sept 28, 22

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harold Wise(9) PRESENT POSTOFFICE OF FATHER Little Mt.(10) COLOR OR RACE White(11) BIRTHPLACE S.C.(12) OCCUPATION Farmer(13) Number of children born to me or her, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Varie Lake(15) PRESENT POSTOFFICE OF MOTHER Little Mt.(16) COLOR OR RACE White(17) BIRTHPLACE S.C.(18) OCCUPATION Housewife(19) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(20) I hereby certify that I attended the birth of this child, who was born alive at Little Mt. M., on the date above stated. (If born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) J. C. Sease(22) State whether Physician or Midwife M.D.(23) Address of Physician or Midwife Little Mt.

Given name added from a supplemental report

(24) Witness

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

(25) Filed Oct. 10, 1922(26) Elberta Sease Local Registrar

(27) 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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