

(1) PLACE OF BIRTH

County of .....

Township of .....

or  
Inc. Town of .....

City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42577

Registration District No. 22A Registered No. 630

(For use of Local Registrar)

(No. .....

St.; ..... Ward)

(2) Full Name of Child. ... { If child is not yet named, make supplemental report as directed

(3) GIRL? (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? (7) DATE OF BIRTH Dec. 9 22 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth { 4

## MOTHER

(14) NAME BEFORE MARRIAGE Florence Mace

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children of this mother now living, including present birth { 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(21) I hereby certify that I attended the birth of this child, who was born at 6:30 P.M. on the date above stated. (Hour A. M. or P. M.)

(22) (Signature) D. S. Lawton

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Physician 108 1/2 Spring

Give name added from a supplemental report

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Registrar

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

(26) Filed Dec 30 1922 (27) C. E. Smith 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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