

(1) PLACE OF BIRTH

County of Union

Township of

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
2639Registration District No. 42-A Registered No. 1

(For use of Local Registrar)

St. Ward

(2) Full Name of Child. Thelma Effie

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 1(6) Are Parents Married? yes(7) DATE OF BIRTH Jan. 3, 1922

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Jessie Effie(9) PRESENT POSTOFFICE OF FATHER Union S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Pickens County S.C.(13) OCCUPATION Wire Operative(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Rosa Howell(15) PRESENT POSTOFFICE OF MOTHER Union S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Union S.C.(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 Thelma at Union on the date above stated. (Hour 3 of P.M.)(23) (Signature) Thelma Effie

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Union S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed 1-10-1922 (28) 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 stillbirth before the fifth month of pregnancy.

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