

MEASUREMENTS OF CHILDREN—USE A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of HarveyTownship of Buckner

OR

Inc. Town of

OR

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

19009

Registration District No. 2541.... Registered No. 37....
(For use of Local Registrar)(2) Full Name of Child Alma Agnes Proctor If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 13 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Charley Hampton Proctor(9) PRESENT POSTOFFICE OF FATHER Conway R # 2(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (Years)

(12) BIRTHPLACE

(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Alma Agnes Proctor(15) PRESENT POSTOFFICE OF MOTHER Conway S C(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39 (Years)(18) BIRTHPLACE Union S C(19) OCCUPATION Home Keeping(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... Alma... at 4... A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Bill Halk(24) State whether Physician or Midwife (25) Address of Physician or Midwife Conway S C

Given name added from a supplemental report

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

C. Canessa 1922 Registrar(27) Filed July 9 1922 Alma Agnes Proctor 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.