

(1) PLACE OF BIRTH

County of Beaufort
 Township of Shelton
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

349

Registration District No. 603BRegistered No. 6
(For use of Local Registrar)

City of

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

(2) Full Name of Child Isabel Perry

(3) BOY OR GIRL Boy
 (4) Twin or Triplet? No
 (5) Number in order of birth 7
 To be observed only in case of Twins or Triplets

(6) Are Parents Married? Yes
 (7) DATE OF BIRTH Aug 3 1922
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME William Perry(9) PRESENT POSTOFFICE OF FATHER Yemassee(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 42 (Years)(12) BIRTHPLACE Beaufort Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 7

MOTHER

(14) NAME BEFORE MARRIAGE Isabel Perry(15) PRESENT POSTOFFICE OF MOTHER Yemassee(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Beaufort Co(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Mary Lane

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

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(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 stillbirths before the fifth month of pregnancy.