

(1) PLACE OF BIRTH

County of Lernington
Township of Holt Creek

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43552

Inc. Town of Registration District No. Registered No. 47
(For use of Local Registrar)
or
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child. D } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin or triplet? 0(5) Number in order of birth 1

To be answered only in event of twins or triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH July 27, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Adrian(9) PRESENT POSTOFFICE OF FATHER W. S. C. 12(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE Lernington Co.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE John S. S. 1(15) PRESENT POSTOFFICE OF MOTHER W. S. C. 12(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 23
(Years)(18) BIRTHPLACE Lernington Co.(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at W. S. C. 12 M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) W. S. C. 12

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife W. S. C. 12

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 10 1923

(28)

T. H. Shull

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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