

## (1) PLACE OF BIRTH

County of AndersonTownship of Savannahor  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 311

File No.—For State Registrar Only

6475Registered No. 03  
(For use of Local Registrar)

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

(2) Full Name of Child J. R. McIntosh If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Mar 23, 22  
(Name of Month) (Day) (Year)FATHER. (8) FULL NAME Wm. McIntosh (14) NAME BEFORE MARRIAGE Dessie Parks(9) PRESENT POSTOFFICE OF FATHER Starke S.C. (15) PRESENT POSTOFFICE OF MOTHER Starke S.C.(10) COLOR OR RACE Cole (11) AGE AT LAST BIRTHDAY 27 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 32  
(Year) (Year)(12) BIRTHPLACE Anderson Co (18) BIRTHPLACE Anderson Co(13) OCCUPATION Farming (19) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4 (21) 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 Female at 11 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Fannie Duff (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Starke S.C.

Given name added from a supplemental report

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

(27) Filed April 8, 1922 (28) L. A. Todd 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.