

PLACE OF BIRTH

McCormick
 Ship of *San Juan*
 Town of
 of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
35470

Registration District No. *4000*Registered No. *122*
(For use of Local Registrar)

(No. *122* St.; *122* Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child *Robert* If child is not yet named, make supplemental report as directed

OR (4) Twin or Triplet? (5) Number in order of birth *2* (6) Are Parents Married? *yes* DATE OF BIRTH *Sept 12 1922*
 To be covered only in event of Twins or Triplets (Month) (Day) (Year)

FATHER
 Present Name *Perry Bangamer*
 Present Postoffice of Father *McCormick*
 Color *White* (11) AGE AT LAST BIRTHDAY *30* (Year)
 Birthplace *SC*
 Occupation *Embroider*
 Number of children born to father, including present birth *2*

MOTHER
 (14) NAME BEFORE MARRIAGE *Alice Brock*
 (15) PRESENT POSTOFFICE OF MOTHER
 (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *29* (Year)
 (18) BIRTHPLACE *SC*
 (19) OCCUPATION *housewife*
 (21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *alive* at *1:00 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *B. D. Matheson M.D.*
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Name added from a supplemental report

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

(27) Filed *Oct 11 1922* (28) *B. D. Matheson* Local Registrar

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 If there was no attending physician or midwife, then the father, householder, etc., should make this return as soon as a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.