

PLACE OF BIRTH

County of Orangeburg
Municipality of Summerville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No. — For State Registrar Only
31597In Year of Registration District No. 3611 Registered No. 63
(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.)Full Name of Child Maurice Ann Perry If child is not yet named, make supplemental report as directed(1) Male (2) Twin or Triplet? No (3) Number in order of birth 1 (4) Are Parents Married? Yes (5) DATE OF BIRTH Sept. 12 1922
(Name of Month) (Day) (Year)

FATHER

NAME L. C. Perry
PREVIOUS MARRIAGE Franklin P. C.(6) AGE AT LAST BIRTHDAY 27 (Years)
WhiteBIRTHPLACE Orangeburg CoOCCUPATION FarmerNumber of children born to father including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Essie Inabriott(15) PRESENT POSTOFFICE OF MOTHER Brownsville(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE Orangeburg Co(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 1:14 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Brownsville, S. C.

Name added from a supplemental report

..... 191....

..... Registrar

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

(27) Filed Oct 1 1922 (28) [Signature] Local Registrar

If 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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