

1. If child is not yet named, make supplemental report as directed

(1) PLACE OF BIRTH

County of Curry

Township of W.

or
Inc. Town of

or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4251

Registration District No. 2116 Registered No. 17
(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 Jane Pyatt

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? Yes (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 14, 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Caroline Pyatt
(9) PRESENT POSTOFFICE OF FATHER Rock Gum S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 44 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 8

MOTHER.
(14) NAME BEFORE MARRIAGE Amie Stone
(15) PRESENT POSTOFFICE OF MOTHER Rock Gum S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 40 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Rose Stone
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Rock Gum S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb. 21, 1922 (28) Sealby, J. H. Stone 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.