

(1) PLACE OF BIRTH

County of OrangeTownship of Centeror
Inc. Town of.....or
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

23330

Registration District No. 3600Registered No. P.H.
(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make
supplemental report as directed(3) BOY OR
GIRL? Girl(4) Twin
or Triplet? Thril

To be answered only in event of Twins or Triplets

(5) Number in
order of birth(6) Are
Parents
Married yes

(7) DATE OF

BIRTH June 25 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME J. Burr Tannery(9) PRESENT
POSTOFFICE
OF FATHER Westminster S.C. Rt. 2(10) COLOR
OR
RACE White(11) AGE AT LAST
BIRTHDAY 27
(Years)(12) BIRTHPLACE Orange Co.(13) OCCUPATION Farmer(20) Number of children born to
mother, including present birth Thril

MOTHER.

(14) NAME BEFORE
MARRIAGE Irene Bennett(15) PRESENT
POSTOFFICE
OF MOTHER Same(16) COLOR
OR
RACE White(17) AGE AT LAST
BIRTHDAY 21
(Years)(18) BIRTHPLACE Orange(19) OCCUPATION House wife(21) Number of children of this mother
now living, including present birth Thril

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1:59 P.M.,
on the date above stated. (Born alive or stillborn) (Hour and P.M.)(23) (Signature) Dr. C. Simpson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Westminster S.C.Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed July 11 1922

(28)

A. P. Martin
Local Registrar19
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.*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.MARGIN RESERVED FOR FILING
WHEN PLACED WITH DEPARTMENT OF HEALTH AND HUMAN SERVICES
IN THE OFFICE OF THE REGISTRAR OF BIRTHS AND DEATHS
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.
RECAP OF COLUMBIA, COLUMBIA, S. C.
Form No. 6