

(1) PLACE OF BIRTH

County of Marion

Township of

or
Inc. Town of Mullinsor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 3773

File No. — For State Registrar Only

35502Registered No. 44
(For use of Local Registrar)(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Walfrid Kumar Bjarkbacka If child is not named, make
supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? ✓ (5) Number in order of birth — (6) Are Parents Married? ✓ (7) DATE OF BIRTH July 2, 1922
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME Wihlar Bjarkbacka
(9) PRESENT POSTOFFICE OF FATHER Mullins SC
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 33
(Year) (12) BIRTHPLACE Finland
(13) OCCUPATION Engineer
(14) Number of children born to mother, including present birth 6MOTHER.
(14) NAME BEFORE MARRIAGE Hilma Tennakanger
(15) PRESENT POSTOFFICE OF MOTHER Mullins SC
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 33
(Year) (18) BIRTHPLACE Finland
(19) OCCUPATION House work
(20) 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 Normal at 8:30 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. P. Smith
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Mullins SCGiven name added from a supplemental report

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Registrar
(26) Witness Ch. J. J. J. (Signature of Witness necessary only when question 23 is signed by mark)
(27) Place Ch. J. J. J. (28) Smith 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 25th month of pregnancy.

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