

(1) PLACE OF BIRTH

County of

Township of

OR
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 See Register Book

41399

Registration District No.

209

Registered No.

210

(For use of Local Registrar)

(2) Full Name of Child

Mary Elizabeth Flowers

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in case of Twin or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec 20 1922

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Ernest Edward Flowers

(9) PRESENT POSTOFFICE OF FATHER

Meyers P. O. S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

35

(Years)

(12) BIRTHPLACE

Columbia, S.C.

(13) OCCUPATION

Sheet metal worker

(14) Number of children born to mother, including present birth

Third

MOTHER

(14) NAME BEFORE MARRIAGE

Mad Beatrice Huston

(15) PRESENT POSTOFFICE OF MOTHER

Meyers P. O. S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

31

(Years)

(18) BIRTHPLACE

Charleston, S.C.

(19) OCCUPATION

Wife

(20) Number of children of this mother now living, including present birth

Third

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at (Name of place) (Date) (Month) (Day) (Year) on the date above stated.

(23) (Signature)

A. J. Anderson

(24) State whether Physician or Midwife

Physician

Charleston, S.C.

Given name added from a supplemental report

See Off 8-20-52

(26) Witness

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

(27) Filed

Dec 23 1922

(28)

C. F. Myers

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.

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McCauley, of Columbia
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.