

## (1) PLACE OF BIRTH

County of WilliamsTownship of Johnson

Inc. Town of .....

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

32619

Registration District No. 4304 Registered No. 34

(For use of Local Registrar)

## 2) Full Name of Child

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

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 14 1922</u>
				(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Rebecca O Perry(9) PRESENT POSTOFFICE OF FATHER Hammer(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Thelma McDowell(15) PRESENT POSTOFFICE OF MOTHER Hammer S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) (Hour A. M. or P. M.) 3:00 M.

on the date above stated.

(23) (Signature) Mrs. L. G. Danks(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hammer S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed 6/18/22 (28) L. G. Danks 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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