

## (1) PLACE OF BIRTH

County of Horry  
 Township of Cosway  
 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

30726

Registration District No. 250 Registered No. 1742  
 (For use of Local Registrar)

City of ..... (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 Domie M. Claw Long If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 18 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME D. G. Long  
 (9) PRESENT POSTOFFICE OF FATHER Shell S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26 (Year)  
 (12) BIRTHPLACE Horry Co S.C.  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary E. Stephens  
 (15) PRESENT POSTOFFICE OF MOTHER Shell S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18 (Year)  
 (18) BIRTHPLACE Horry Co  
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 3:20 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Eliza Todd(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Shell S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 20 1922J. D. Dugan

(28)

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.