

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McCurdy or Columbia, COLUMBIA, S. C.

N. B.

(1) PLACE OF BIRTH

County of Dixie
 Township of Casley
 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 State Registrar Only

31817

Registration District No. 2707

Registered No. 65
 (For use of Local Registrar)

(2) Full Name of Child Flourie Evelyn

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

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age Parents Married yes (7) DATE OF BIRTH Sept. 25, 1922
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME L. Roe. Hay
 (9) PRESENT POSTOFFICE OF FATHER Casley R#2
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25
 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

(14) NAME BEFORE MARRIAGE Lake Williams
 (15) PRESENT POSTOFFICE OF MOTHER Casley R#2
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24
 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Domestic

(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 9 a.m.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Casley

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed as mark)

(27) Filed Oct. 2, 1922 (28) [Signature] 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.