

MARGIN RESERVED FOR BINDING.
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>U. M. S. G.</u>		STATE OF SOUTH CAROLINA		32671	
Township of <u>M. M. S. G. #9</u>		Bureau of Vital Statistics			
Inc. Town of.....		State Board of Health			
City of.....		Registration District No. <u>430.7</u>		Registered No. <u>3.7</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child.....					
If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH	
	To be answered only in case of Twins or Triplets			1922	
FATHER.			MOTHER.		
(8) FULL NAME			(14) NAME BEFORE MARRIAGE		
(9) PRESENT POSTOFFICE OF FATHER			(15) PRESENT POSTOFFICE OF MOTHER		
(10) COLOR OR RACE			(16) COLOR OR RACE		
(11) AGE AT LAST BIRTHDAY			(17) AGE AT LAST BIRTHDAY		
(12) BIRTHPLACE			(18) BIRTHPLACE		
(13) OCCUPATION			(19) OCCUPATION		
(20) Number of children born to mother, including present birth			(21) Number of children of this mother now living, including present birth		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was..... at..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature).....					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife					
Given name added from a supplemental report					
(26) Witness.....					
(27) Filed.....					
(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.