

MARGIN RESERVED FOR BINDING.  
 WRITE 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.

<b>(1) PLACE OF BIRTH</b> County of <u>Chesterfield</u> or Township of <u>P. E. Lee</u> or Inc. Town of ..... or City of ..... (No. .... St.; ..... Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">3723</div>	
Registration District No. <u>121.8</u> Registered No. .... (For use of Local Registrar)					
<b>(2) Full Name of Child</b> <u>Jennie Graves</u> (If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL <u>Girl</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>Feb 4</u> 19 <u>22</u> (Name of Month) (Day) (Year)	
<b>FATHER.</b>			<b>MOTHER.</b>		
(8) FULL NAME <u>Jennie Graves</u>			(14) NAME BEFORE MARRIAGE <u>Minnie Brown</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Society Hill</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Society Hill R. 3</u>		
(10) COLOR OR RACE <u>W. G.</u> (11) AGE AT LAST BIRTHDAY <u>70</u> (Years)			(16) COLOR OR RACE <u>W. G.</u> (17) AGE AT LAST BIRTHDAY <u>35</u> (Years)		
(12) BIRTHPLACE <u>Chesterfield</u>			(18) BIRTHPLACE <u>Chesterfield G.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farm house work</u>		
(20) Number of children born to mother, including present birth <u>11</u>			(21) Number of children of this mother now living, including present birth <u>8</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>S. A. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
		(23) (Signature) <u>Jane Proctor</u>			
		(24) State whether Physician or Midwife		(25) Address of Physician or Midwife <u>Society Hill, R. 3</u>	
Given name added from a supplemental report ..... ..... 19 .. Registrar		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>S. J. Maltman</u> (27) Filed ..... 19 .. (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.