

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. H.—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 STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 984
County of <u>Darlington</u> Township of <u>Lowndes</u> or Inc. Town of or City of		Registration District No. <u>J. S. V. A.</u> Registered No. (For use of Local Registrar) (No. St.; Ward) (If birth occurs in a hospital or other institution, give name of street and number.) If child is not yet named, make supplemental report as directed		
(2) Full Name of Child <u>Marion Pauline</u>				
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 22</u> (State of Month) (Day) (Year)
To be answered only in event of Twin or Triplet				
FATHER.		MOTHER.		
(8) FULL NAME <u>Harney Harley</u>	(14) NAME BEFORE MARRIAGE <u>Gandy</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Fort</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Darlington</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(12) BIRTHPLACE <u>home</u>	(18) BIRTHPLACE <u>home</u>			
(13) OCCUPATION <u>farmer</u>	(19) OCCUPATION <u>farmer</u>			
(20) Number of children born to mother, including present birth <u>1 2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* (22) I hereby certify that I attended the birth of this child, who was <u>night</u> at <u>10</u> M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)				
(23) (Signature) <u>W. L. Scott</u>		(25) Address of Physician or Midwife		
(24) State whether Physician or Midwife <u>Darlington</u>		<u>1114 4 17</u>		
Given name added from a supplemental report		(26) Witness <u>David Williamson</u> (Signature of Witness necessary only when question 23 is signed by male) <u>E. O. Fair</u>		
..... 19 Registrar		(27) Filed <u>Feb. 1, 19</u> (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.				

MEDICAL OFFICE, COLUMBIA, S. C.