

MARGIN RESERVED FOR BINDING.

WHILE CLAIMING WITH UNPAID IN—THIS IS A PERMANENT RECORD
PRINT—BORN. No 1 THIS OTHER. No 2, etc. in question 5

X. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
REGISTRATION COLUMN. Column 5

(1) PLACE OF BIRTH

County of Bertie
Township of 1st. Gt. Falls
or
Inc. Town of.....
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

3224

Registration District No. 770 Registered No.....
(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? girl (4) Twin or Triplet? To be answered only in case of Twins or Triplets

(5) Number in order of birth 1 (6) Are Parents Married? yes

(7) DATE OF BIRTH Feb 2 22
(State of Month) (Day) (Year)

FATHER.

8: FULL NAME Peter Priyle

9: PRESENT POSTOFFICE OF FATHER Ridgville

10: COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 48
(Years)

12: BIRTHPLACE Bertie Co.

13: OCCUPATION Farming

20: Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Ridgville

(15) PRESENT POSTOFFICE OF MOTHER Ridgville

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38
(Years)

(18) BIRTHPLACE Darchester

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

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) (Year A. M. or P. M.)

(23) (Signature) Thos. Smith

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Ridgville

Given name added from a supplemental report

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

(27) Filed Mar 19 22 (28) Thos. Smith 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.