

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.

McGraw-Hill, Columbia, S. C.

(1) PLACE OF BIRTH

County of SaludaTownship of No. 1

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.)

(2) Full Name of Child Willie G. SolenFile No.—For State Registrar Only
20036Registration District No. 3280A Registered No. 11
(For use of Local Registrar)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 12, 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME John Solen
 (9) PRESENT POSTOFFICE OF FATHER Batesburg
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 35
 (Years)
 (12) BIRTHPLACE Saluda Co
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Clara Abney
 (15) PRESENT POSTOFFICE OF MOTHER Batesburg
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 25
 (Years)
 (18) BIRTHPLACE Saluda Co
 (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..... born..... at..... A. P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) William Boyce
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness.....
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 10, 1922 (28) O. B. Boyce
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.