

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 6.

REG. OF SOUVENIR, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Anderson
Township of Union
OR
Inc. Town of Paga S.C.
OR
City of _____ (No. _____ St. _____ Ward _____)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Bertha Birlisp

File No.—For State Registrar Only
193

Registration District No. _____ Registered No. 17
(For use of Local Registrar)

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 21 1922
(Specify Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe Birlisp
(9) PRESENT POSTOFFICE OF FATHER Paga S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33
(Year) _____
(12) BIRTHPLACE Tenn

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Drisdell
(15) PRESENT POSTOFFICE OF MOTHER Paga S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20
(Year) _____
(18) BIRTHPLACE Tenn
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 2:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. J. Moten
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Paga S.C.

Given name added from a supplemental report

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

(27) Filed Feb 9 1922 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.