

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.

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## (1) PLACE OF BIRTH

County of *Opportunities*Township of *Opportunities*Inc. Town of *Opportunities*City of *Opportunities*

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

(2) Full Name of Child *June Browning*File No.—For State Registrar Only  
28922

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. *5A*Registered No. *24*  
(For use of Local Registrar)(3) ~~Boy or~~  
GIRL?(4) Twin  
or Triplet?

To be answered only in event of Twins or Triplets

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

(7) DATE OF

BIRTH *Sept 1 22*  
(Name of Month) (Day) (Year)(8) FULL  
NAME(9) PRESENT  
POSTOFFICE  
OF FATHER(10) COLOR  
OR  
RACE(11) AGE AT LAST  
BIRTHDAY *26*  
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to  
mother, including present birth(14) NAME BEFORE  
MARRIAGE(15) PRESENT  
POSTOFFICE  
OF MOTHER(16) COLOR  
OR  
RACE(17) AGE AT LAST  
BIRTHDAY *26*  
(Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *12:25*  
on the date above stated. (born alive or stillborn) (Hour (P. M.))(23) (Signature) *D. K. Thompson*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement  
report(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed *Oct 10 1922* (28) *H. H. Hammond*  
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.\*When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
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