

MARGIN RESERVED FOR INDEXING.
 WHEN FILLING, WITH INFORMATION, THIS IS A PREPARATION BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 3.

(1) PLACE OF BIRTH County of <u>McCampherson</u> Township of <u>Harriet</u> OR Inc. Town of OR City of (No. St.; Ward) (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 <div style="border: 1px solid black; padding: 5px; display: inline-block;">4531</div>	
(2) Full Name of Child <u>Heta Herring</u>		Registration District No. <u>24.00</u> Registered No. <u>24</u> (For use of Local Registrar)			
(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>Feb. 17, 1922</u> (Name (Month) (Day) (Year))	
FATHER. (8) FULL NAME <u>John Herring</u> (9) PRESENT POSTOFFICE OF FATHER <u>Hafford S.C.</u> (10) COLOR OR RACE <u>col</u> (11) AGE AT LAST BIRTHDAY <u>22</u> (Years) (12) BIRTHPLACE <u>McCampherson Co</u> (13) OCCUPATION <u>Farm Laborer</u> (20) Number of children born to mother, including present birth <u>1</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Heta Phillips</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Hafford S.C.</u> (16) COLOR OR RACE <u>col</u> (17) AGE AT LAST BIRTHDAY <u>19</u> (Years) (18) BIRTHPLACE <u>McCampherson Co</u> (19) OCCUPATION <u>Housewife</u> (21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>9 A. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Patience Hallman</u> (24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Wichita Hafford S.C.</u>					
Given name added from a supplemental report 19 .. Registrar		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Feb. 24, 1922</u> (28) <u>McCampherson</u> 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.