

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		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Orangeburg</u>		STATE OF SOUTH CAROLINA		5220	
Township of <u>City</u>		Bureau of Vital Statistics			
Inc. Town of <u>Orangeburg</u>		State Board of Health			
City of <u>Orangeburg</u>		Registration District No. <u>36.9</u>		Registered No. <u>22</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St.; .... Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Margaret Ellen Easterling</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 16, 1922</u>	
To be answered only in event of Twins or Triplets				(Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Cary T. Easterling</u>			(14) NAME BEFORE MARRIAGE <u>Alma Bowman</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Cope, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cope, S.C.</u>		
(10) COLOR OR RACE <u>White</u>			(17) AGE AT LAST BIRTHDAY <u>33</u>		
(11) AGE AT LAST BIRTHDAY <u>32</u>			(Year)		
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Preacher</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>2</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 ..... at ..... on the date above stated.					
(23) (Signature) <u>[Signature]</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Orangeburg, S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 19 .....			(27) Filed <u>2/28</u> <u>22</u> <u>W. Hampton Dukes</u>		
Registrar			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.

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