

MAGNET RECORD FOR BINDING

WHITE 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 3.

(1) PLACE OF BIRTH

County of Darlington  
Township of Mechanicsville No. 2  
or  
Town of Lumber S.C.  
or  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

993

Registration District No. 1-2-0-7 Registered No. .... 2...  
(For use of Local Registrar)

(2) Full Name of Child

Helen Eloise Teater

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

✓

(8) Are Parents Married?

Yes.

(7) DATE OF BIRTH

Jan - 9 19 22  
(Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME

William Martin Teater

(9) PRESENT POSTOFFICE OF FATHER

Lumber S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

lawyer -

(20) Number of children born to mother, including present birth

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Elizabeth Byrd

(15) PRESENT POSTOFFICE OF MOTHER

Lumber S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE

Darlington County S.C.

(19) OCCUPATION

housewife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(23) I hereby certify that I attended the birth of this child, who was born alive at 5:15 p.m., on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

A.B. Hooton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

Darlington S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mar...

(27) Filed

Jan 11 19 22

(28)

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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