

MARGIN RESERVED FOR BINDING.  
 WRITE FULLY, 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.

(1) PLACE OF BIRTH

County of Clarendon  
 Township of Savannah  
 Inc. Town of .....  
 or  
 City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

888

Registration District No. 1345 Registered No. 9  
 (For use of Local Registrar)

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

(2) Full Name of Child Mary Louise Vance

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 4 1922  
 (Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur Vance  
 (9) PRESENT POSTOFFICE OF FATHER Manning S.C.B.R.D.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Louise Mary  
 (15) PRESENT POSTOFFICE OF MOTHER Manning S.C.B.R.D.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife

(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 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) and midwife  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Paxville S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 10 1922 (28) C.S. Lee 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.