

USE SEPARATE BLANKS FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Orangeburg.....
 Township of Orange.....
 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.)

Registration District No 3.6.13. Registered No. 6.8......
 (For use of Local Registrar)

(2) Full Name of Child Elizabeth Perkins..... { 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> To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 24, 1922</u> (Same of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Ben Perkins</u>	(14) NAME BEFORE MARRIAGE <u>Annie Johnson</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Orangeburg S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Orangeburg S.C.</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)
(12) BIRTHPLACE <u>Orangeburg Co. S.C.</u>	(18) OCCUPATION <u>Public Work</u>	(19) BIRTHPLACE <u>Orangeburg Co. S.C.</u>	(20) OCCUPATION <u>House Work</u>
(21) Number of children born to mother, including present birth <u>3</u>	(22) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was Born alive..... at... 1 P.... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) Maggie Ruyner
 (25) State whether Physician or Midwife midwife
 (26) Address of Physician or Midwife Orangeburg S.C.

Given name added from a supplemental report

(27) Witness..... (Signature of Witness necessary only when question 23 is signed by mark)

(28) Local Registrar A. G. Farnley

*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once it must be reported as stillborn. No report is desired of stillbirths that took place within the month of pregnancy.

MADE BY COLUMBIA, COLUMBIA, S. C.