

STATE OF SOUTH CAROLINA, COLUMBIA, S. C.
 DEPARTMENT OF HEALTH, VITAL RECORDS—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 2

(1) PLACE OF BIRTH

County of *McCormick*
 Township of *Indian Hill*
 or
 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

7740

Registration District No *4603* ... Registered No. *4*
 (For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Odin Hunter Long* ... (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Age—Months *0* (7) DATE OF BIRTH *MAR 13 1923*
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *William Henry Long*
 (9) PRESENT POSTOFFICE OF FATHER *Tryon S.C.*
 (10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *30* (Year)
 (12) BIRTHPLACE *S.C.*
 (13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Rizziana Dillashaw*
 (15) PRESENT POSTOFFICE OF MOTHER *Tryon S.C.*
 (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *18* (Year)
 (18) BIRTHPLACE *S.C.*
 (19) OCCUPATION *Housewife*

(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 *Born alive* ... at *2* ... *PM.*, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *A. Hunter* (24) State whether *Physician* (25) Address of Physician or Midwife *Tryon S.C.*

Given name added from a supplemental report

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

(27) Filed *MAR 15 1923* (28) *Sam L. Long* 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.