

NOTE.—In case of TAVINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Orangeburg
Township of Walter
or
Inc. Town of.....
or
City of

City of

(2) Full Name of Child

| | | |
|---|----------------------|------------------------------|
| (3) BOY OR GIRL? <i>girl</i> | (4) Twin or Triplet? | (5) Number in order of birth |
| To be answered only in event of Twins or Triplets | | |

(8) FULL NAME *John meriet*

(9) PRESENT POSTOFFICE OF FATHER *Norway*

(10) COLOR OR RACE *Caucasian* (11) AGE AT LAST BIRTHDAY *20* (Years)

(12) BIRTHPLACE *Orangeburg Co*

(13) OCCUPATION *farming*

(20) Number of children born to mother, including present birth *1st*

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

CERTIFICATE OF BIRTH

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

Registration District No. 61 Registered No. 69
(For use of Local Registrar)
(No. Ida merit St.; Ward)
r Institution, give name of same instead of street and number.)

(No. Ada merit St.; Ward)
(For use of Local Registrar)
Institution, give name of same instead of street and number.)

File No.—For State Registrar Only
16293

Registered No. 57
(For use of Local Registrar)

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

DATE OF BIRTH May 24, 1972
(Name of Month) (Day) (Year)

FATHER

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Thomas

(15) PRESENT POSTOFFICE OF MOTHER neway

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Orangeburg Co

(19) OCCUPATION learning

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

(21) Number of children of this mother now living. Including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was... May 24 ... at 7 ... A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Edgar Smith
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

| | |
|---|--------------------------------------|
| (24) State whether Physician or Midwife | (25) Address of Physician or Midwife |
| Midwife | Midwife |

Given name added from a supplement-
tal report

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

(27) Filed 6/1 1922 (28) [Signature]
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.