

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.

Form No. 1

(1) PLACE OF BIRTH

County of Saluda
 Township of
 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
36336

Registration District No. 3904 Registered No. 6
 (For use of Local Registrar)

City of (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 Willie S. Bugg

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Oct. 1 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Bugg
 (9) PRESENT POSTOFFICE OF FATHER Saluda Route 2 S.B.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29 (Years)
 (12) BIRTHPLACE Saluda co.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Strother
 (15) PRESENT POSTOFFICE OF MOTHER Saluda Route 2 S.B.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)
 (18) BIRTHPLACE Saluda co.
 (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 3 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lilla Harris mid wife
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Saluda Route 2 S.B.

Given name added from a supplemental report

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(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 16 Oct. 1922 Mrs. Matilda Olin 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.