

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, 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 Richland
 Township of Lower
 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

20024

Registration District No. 2003

Registered No. 147
 (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 Maria Shiver 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 June 19, 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Lue Shiver
 (9) PRESENT POSTOFFICE OF FATHER Congaree S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37
 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Mary Davis
 (15) PRESENT POSTOFFICE OF MOTHER Congaree S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 34
 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was alive at 7 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)
 (23) (Signature) Susana Wright
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Congaree 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 June 22, 1922 (28) J. P. Farmer 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.