

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 6.

(1) PLACE OF BIRTH  
 County of Charleston  
 Township of St. P. St. M.  
 or  
 Inc. Town of 3 Mile  
 or  
 City of No. 1 Home Tenement  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only  
6926

Registration District No. 909 Registered No. 57  
 (For use of Local Registrar)

(2) Full Name of Child Mary Days [If child is not yet named, make supplemental report as directed]

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>March 11, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Charles Days</u>			(14) NAME BEFORE MARRIAGE <u>Rachel White</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Myers S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Myers S. C.</u>	
(10) COLOR OR RACE <u>Col.</u>			(16) COLOR OR RACE <u>Col.</u>	
(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)	
(12) BIRTHPLACE <u>Sumter Co.</u>			(18) BIRTHPLACE <u>Sumter Co. S. C.</u>	
(13) OCCUPATION <u>Common Labour</u>			(19) OCCUPATION <u>Housework</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A. M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sallie Chissolm  
 (24) State whether Physician or Midwife  
Midwife (25) Address of Physician or Midwife  
3 Mile

Given name added from a supplemental report

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

(27) Filed March 14, 1922 (28) C. F. Myers  
 Registrar 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.

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MOGAW OF COLUMBIA, COLUMBIA, S. C.

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