

## (1) PLACE OF BIRTH

County of YorkTownship of Board Riveror  
Inc. Town of .....or  
City of .....

(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

20516

Registration District No. 4402 Registered No. 36

(For use of Local Registrar)

## (2) Full Name of Child

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) Are Parents Married? Yes (7) DATE OF BIRTH June 9, 1922

To be answered only in event of Twins or Triplets

## FATHER.

## MOTHER.

(8) FULL NAME Ben Long (14) NAME BEFORE MARRIAGE Mildred Solomon(9) PRESENT POSTOFFICE OF FATHER Nicholson (15) PRESENT POSTOFFICE OF MOTHER Nicholson(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 27 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 28(12) BIRTHPLACE York Co (18) BIRTHPLACE Charleston Co(13) OCCUPATION Farmers (19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 3 (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 B. Long at 1:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Adams (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife H. Grove R. H.

Given name added from a supplemental report

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

(27) Filed 6/9/22 (28) C. H. King 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.

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