

(1) PLACE OF BIRTH

County of Colleton
 Township of Bayward
 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

3817

Registration District No. 1408 Registered No. 600
 (For use of Local Registrar)

(2) Full Name of Child X not named (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(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 Jan 26 1922
 (If child is not yet named, make supplemental report as directed)

FATHER.

(8) FULL NAME Marian Rob. son
 (9) PRESENT POSTOFFICE OF FATHER Ruffin S.C.
 (10) COLOR OR RACE Colord (11) AGE AT LAST BIRTHDAY..... (Years)
 (12) BIRTHPLACE Colleton - County
 (13) OCCUPATION Farming

MOTHER.

(14) NAME BEFORE MARRIAGE Lane Adams
 (15) PRESENT POSTOFFICE OF MOTHER Ruffin S.C.
 (16) COLOR OR RACE Colord (17) AGE AT LAST BIRTHDAY..... (Years)
 (18) BIRTHPLACE Colleton County
 (19) OCCUPATION house wife
 (20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Emergence
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ruffin S.C.

Given name added from a supplemental report

(26) Witness G. J. Varn
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filled Feb 10 1922 (28) G. J. Varn
 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.