

(1) PLACE OF BIRTH

County of Marlboro
 Township of Marionville
 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

8471

Registration District No. 3303 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 William James Capers 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 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 18, 22
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Capers(9) PRESENT POSTOFFICE OF FATHER Bliss Levin(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Darlington(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Luzenia Crawford(15) PRESENT POSTOFFICE OF MOTHER Bliss Levin(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Marlboro(19) OCCUPATION Farmer Laborer(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 6 A.M.
 on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Eliza Samuel
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
 (Signature of Witness necessary only when question 23 is signed "Stillborn")

(27) Filed Feb 4 1922 (28) R.D. Rogers 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.

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.