

WRITE PLAINLY, WITH UNFADING INK—THIS IS PRIMARILY FOR THE RECORD OF THE STATE BOARD OF HEALTH, AND MARK THE N. B.—IN CASE OF TWINS OR TRIPLETS, LIST EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 8.

(1) PLACE OF BIRTH

County of Porter
 Township of
 or
 Inc. Town of
 or
 City of Winston

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

File No.—For State Registrar Only
2541

Registration District No. 4008 Registered No. 5
 (For use of Local Registrar)

(No. 4008 Thay St. 1 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 Buchanan 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) Age of Parents 27 22 7) DATE OF BIRTH May 7 1922
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER Buchanan MOTHER Duggins
 8) FULL NAME Lloyd B. Buchanan 14) NAME BEFORE MARRIAGE William Duggins
 9) PRESENT POSTOFFICE OF FATHER Rayton & C 15) PRESENT POSTOFFICE OF MOTHER Rayton & C
 10) COLOR OR RACE W 16) AGE AT LAST BIRTHDAY 29 17) AGE AT LAST BIRTHDAY 27
 12) BIRTHPLACE Maxson N.C. 18) BIRTHPLACE Rayton & C
 13) OCCUPATION Mill m 19) OCCUPATION Domestic
 20) Number of children born to mother, including present birth 4 21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 9 a. M., on the date above stated. (Born alive Yes) (Hour A. M. or P. M.)

(23) Signature Wm. Duggins (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Rayton & C

Given name added from a supplemental report (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed Jan. 20 1922 (28) C. H. Parker 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.

MOBILITY OF COLUMBIA, COLUMBIA, S. C.