

THIS IS A PERMANENT RECORD.
 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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Richland</u>		STATE OF SOUTH CAROLINA		1900	
Township of		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of <u>Columbia</u>		Registration District No. <u>382</u>		Registered No. <u>70</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. <u>2604</u> <u>Willwood</u> St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Francis Marion Banks</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 27, 1922</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Henry Grady Banks</u>			(14) NAME BEFORE MARRIAGE <u>Pet Row</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia, S.C.</u>		
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)
(12) BIRTHPLACE <u>Saluda, S.C.</u>			(18) BIRTHPLACE <u>Saluda, S.C.</u>		
(13) OCCUPATION <u>Mechanic</u>			(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>Four (4)</u>			(21) Number of children of this mother now living, including present birth <u>Three (3)</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>2 A.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>James M. B. B. B.</u>			(25) Address of Physician or Midwife		
(24) State whether Physician or Midwife					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 19			(27) Filed <u>June 7, 1922</u> (28) <u>Local Registrar</u>		
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.					

MCRAW OF COLUMBIA, COLUMBIA, S. C.