

MARGIN RESERVED FOR BINDING.

WHITE 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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Berkley</u>		STATE OF SOUTH CAROLINA		29064	
Township of .....		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District No. <u>702</u>		Registered No. <u>78</u>	
or				(For use of Local Registrar)	
City of .....		(No. <u>702</u> )		St.; ..... Ward)	
(If birth occurs in a hospital or other institution give name of same inst. of street and number.)					
(2) Full Name of Child <u>Viola Akin</u>				(If child is not yet named, make supplemental report as directed)	
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth <u>one</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 14, 1922</u> (Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Samuel Akin</u>			(14) NAME BEFORE MARRIAGE <u>Eva Stewart</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Oakley</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Oakley</u>		
(10) COLOR OR RACE <u>Negro</u>			(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)		
(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)			(18) BIRTHPLACE <u>Oakley S.C.</u>		
(12) BIRTHPLACE <u>Berkley County</u>			(19) OCCUPATION <u>Housewife</u>		
(13) OCCUPATION <u>Farmer</u>			(20) Number of children born to mother, including present birth <u>One</u>		
(21) Number of children of this mother now living, including present birth <u>One</u>					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>6 A.M.</u> , on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)					
(23) (Signature) <u>Josephine Middleton</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Oakley S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19 Registrar			(27) Filed <u>Sept 21, 1922</u> (28) <u>Ed Jones</u> 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.