

MARGIN RESERVED FOR BINDING.
 WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS, use SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.
 MEDICAL OFFICE, COLUMBIA, S. C.

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

File No.—For State Registrar Only
42512

(1) PLACE OF BIRTH

County of Georgetown
 Township of Center
 or
 Inc. Town of
 or
 City of

Registration District No. 2100 Registered No. 27
 (For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 { If child is not yet named, make supplemental report as directed }

(2) Full Name of Child

Joseph Miss

(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 Dec 9 1922
 (Name of Month) (Day) (Year)
 To be answered only in case of Twins or Triplets

FATHER.

(8) FULL NAME Henry Miss
 (9) PRESENT POSTOFFICE OF FATHER Georgetown
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23 (Year)
 (12) BIRTHPLACE Georgetown County
 (13) OCCUPATION Common Laborer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Miss
 (15) PRESENT POSTOFFICE OF MOTHER Georgetown S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (Year)
 (18) BIRTHPLACE Georgetown County
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Rina Gibson (24) State whether Physician or Midwife (25) Address of Physician or Midwife Georgetown
midwife

Given name added from a supplemental report

 19 ..
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec 18 1922 (28) E. D. Hutcherson 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.