

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—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 6.

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Edisto
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

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

No. 8042—For State Registrar Only

Registration District No. 36A3 Registered No. 2
 (For use of Local Registrar)
Lurline (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

Mary Herbertine Sweatman (If child is not yet named, make supplemental report as directed)

(7) SEX OF CHILD Girl (8) Twin or Triplet No (9) Number in order of birth 1 (10) Are Parents Married Yes (11) DATE OF BIRTH Feb 17, 23
 (Name of Month) (Day) (Year)

FATHER.

(12) FULL NAME Marcus E. Sweatman
 (13) PRESENT POSTOFFICE OF FATHER Coke SC
 (14) COLOR OR RACE White (15) AGE AT LAST BIRTHDAY 22 (Years)
 (16) BIRTHPLACE Orly Co
 (17) OCCUPATION Farmer
 (18) Number of children born to mother, including present birth 1

MOTHER.

(19) NAME BEFORE MARRIAGE Mary Ann Chaney
 (20) PRESENT POSTOFFICE OF MOTHER Coke SC
 (21) COLOR OR RACE White (22) AGE AT LAST BIRTHDAY 17 (Years)
 (23) BIRTHPLACE Orly Co
 (24) OCCUPATION house work
 (25) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(26) I hereby certify that I attended the birth of this child, who was born alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (27) (Signature) J. M. Sweeney
 (28) State whether Physician or Midwife (29) Address of Physician or Midwife Coke SC

Given name added from a supplemental report

See Off 2-16-52
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(30) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (31) Filed Feb 28, 1923 (32) M. B. Arley 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.