

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH ENLARGING 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.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Harry
Township of Gallivants
OR
Inc. Town of
OR
City of

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

File No.—For State Registrar Only

226251

Registration District No. 22

Registered No. 62
(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.)

(2) Full Name of Child JAMES STEPHEN HUGH

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? To be answered only in case of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 27, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME WILL HUGH
(9) PRESENT POSTOFFICE OF FATHER Gallivants S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35
(Year) (12) BIRTHPLACE Harry County
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Leila Lewis
(15) PRESENT POSTOFFICE OF MOTHER Gallivants S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25
(Year) (18) BIRTHPLACE Harry County
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Margaret Sawyer S.C.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Margaret Sawyer

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 1, 1922 (28) Geo. M. Higgins 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.

*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.