

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 2.

State of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH,		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.— 17
County of <u>Darlington</u>		Registration District No. <u>15-9</u>		Registered (For use of L)
Township of <u>Shiloh</u>		(No.)		
Inc. Town of		(If birth occurs in a hospital or other institution, give name of same instead of street and		
City of		supplemental report		
(2) Full Name of Child <u>James Earl</u>				
(3) BOY OR GIRL	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married	(7) DATE OF BIRTH (Name of Month)
FATHER.		MOTHER.		
(8) FULL NAME	(10) PRESENT POSTOFFICE OF FATHER	(11) AGE AT LAST BIRTHDAY (Year)	(14) NAME BEFORE MARRIAGE	(16) PRESENT POSTOFFICE OF MOTHER
(9) COLOR OR RACE	(12) BIRTHPLACE	(13) OCCUPATION	(15) COLOR OR RACE	(17) AGE AT BIRTH
(18) Number of children born to mother, including present birth			(20) Number of children of this mother now living, including present birth	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* (22) I hereby certify that I attended the birth of this child, who was on the date above stated. (Born alive or stillborn)				
(23) (Signature)		(24) State whether Physician or Midwife		
(25) Address of Physician or Midwife				
Given name added from a supplemental report 19 .. Registrar		(26) Witness (Signature of Witness necessary only when question 22 is signed by mark) (27) Filed <u>June 14, 1922</u> (AM) <u>R J C</u>		

*When there was no attending physician or midwife, then the father, householder, etc., should make report.
 If a child breathes even once, it must not be reported as stillborn. No report is desired of a stillborn before the fifth month of pregnancy.

HTH 10

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