

WRITE 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

County of Marion
Township of West Hill
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
23231

Registration District No. 3367... Registered No. 2.1.....
(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 Larry Francis Perry { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Apr 8</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Larry Francis Perry
(9) PRESENT POSTOFFICE OF FATHER Hamlet, S. C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY.....
(Years)
(12) BIRTHPLACE Hamlet, S. C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE May Matilda
(15) PRESENT POSTOFFICE OF MOTHER Hamlet, S. C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY.....
(Years)
(18) BIRTHPLACE Hamlet, S. C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was..... at 7.30 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Perry

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Hamlet, S. C.

Given name added from a supplemental report

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

(27) Filed 19 (28) 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.

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