

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 Quinn

Township of Levinville

or
Inc. Town of Sando S. C.

or
City of (No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18117 Vol. 21

Registration District No. 1106 Registered No. 69
(For use of Local Registrar)

(2) Full Name of Child

Genevieve Champion

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

3) BOY OR GIRL? <u>Girl</u>	4) Twin or Triplet? <u>No</u> To be answered only in event 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>May 1 1922</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
8) FULL NAME <u>John Champion</u>			14) NAME BEFORE MARRIAGE <u>Lottie McManis</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Sando S. C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Sando S. C.</u>	
10) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>23 1/2</u> (Year)	16) COLOR OR RACE <u>White</u>	17) AGE AT LAST BIRTHDAY <u>23</u> (Year)	
12) BIRTHPLACE <u>N. C.</u>		18) BIRTHPLACE <u>N. C.</u>		
13) OCCUPATION <u>Mill Operator</u>			19) OCCUPATION <u>Domestic</u>	
20) Number of children born to mother, including present birth <u>2</u>			21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was 2 hr. at 11-10 A.M. on the date above stated. (Born alive or still born) (Hour A. M. or P. M.)

(23) (Signature) M. A. Berry (25) Address of Physician or Midwife Sando S. C.

(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(26) Witness D. M. Gresham (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 6-17-22 (28) J. H. Allen 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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McCALL OF COLUMBIA, COLUMBIA, S. C.

McCALL