

MARGIN RESERVED FOR BINDING.

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.

Form 5-6

McGraw-Hill of Columbia, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of allendale
Township of 11
OR
Inc. Town of 11
OR
City of 11

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
40673

Registration District No. 4605

Registered No. 131
(For use of Local Registrar)

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

(2) Full Name of Child

John Charlton Jr.

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

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 15-22
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME John Charlton
(9) PRESENT POSTOFFICE OF FATHER allendale SC
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 28
(Years)
(12) BIRTHPLACE SC
(13) OCCUPATION Farmer

MOTHER
(14) NAME BEFORE MARRIAGE Maggie Davis
(15) PRESENT POSTOFFICE OF MOTHER allendale SC
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 26
(Years)
(18) BIRTHPLACE SC
(19) OCCUPATION Farm Labor

(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sophy W. Bradley (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife allendale SC

Given name added from a supplemental report

(26) Witness F. H. Boyd (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 16-22 (28) F. H. Boyd 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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