

MARGIN RESERVED FOR PERMANENT RECORD. WITH UNFADING INK IN A PERMANENT RECORD, and mark the
 N. H.—In case of TWINS OR TRIPLETS, SIGNATURE BLANK FOR EACH CHILD, and mark the
 REG. OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of LEXINGTON
 Township of WILL SWAMP
 or
 Inc. Town of.....
 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
43476

Registration District No. 3102 Registered No. 138
 (For use of Local Registrar)

(2) Full Name of Child

Hattie Mutch

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? ✓ (5) Number in order of birth ✓ (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 28, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jacob Mutch
 (9) PRESENT POSTOFFICE OF FATHER Swansea
 (10) COLOR OR RACE W.K. (11) AGE AT LAST BIRTHDAY 35 (Years)
 (12) BIRTHPLACE K.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Myer
 (15) PRESENT POSTOFFICE OF MOTHER Swansea
 (16) COLOR OR RACE W.K. (17) AGE AT LAST BIRTHDAY 25 (Years)
 (18) BIRTHPLACE K.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Catherine D. Drayton
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Swansea

Given name added from a supplemental report

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

(27) Filed Jan 1, 1923 (28) J. R. Farley 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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