

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.

(1) PLACE OF BIRTH
 County of Orangeburg
 Township of Holly Hill
 or
 Inc. Town of Holly Hill
 or
 City of Holly Hill (No. 3609 St.; 11 Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Samuel Macoun Jr. (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? () (5) Number in order of birth () (6) Are Parents Married? Yes (7) DATE OF BIRTH June 18, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Samuel Macoun (14) NAME BEFORE MARRIAGE Oliver Young
 (9) PRESENT POSTOFFICE OF FATHER Holly Hill S. C. (15) PRESENT POSTOFFICE OF MOTHER Holly Hill S. C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26
 (12) BIRTHPLACE S. C. (18) BIRTHPLACE S. C.
 (13) OCCUPATION Domestic Hand (19) OCCUPATION Domestic Hand
 (20) Number of children born to mother, including present birth 5 (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 born alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Virginia Ding Jones (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Holly Hill, S. C.
 Given name added from a supplemental report M. Macoun (26) Witness M. Macoun (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed July 26, 1922 (28) H. M. Macoun Local Registrar.

File No.—For State Registrar Only
23445

MACOUN OF COLUMBIA, COLUMBIA, S. C.