

MARGIN RESERVED FOR BINDING.
 WHITE 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 Albemarle Co.
 Township of Deserial Hill
 or
 Inc. Town of
 or
 City of
 (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

Registration District No. 104 Registered No. 76
 (For use of Local Registrar)

St.; Ward)

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 28, 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME John T. Stoner
 (9) PRESENT POSTOFFICE OF FATHER Drum 87
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 19 (Years)
 (12) BIRTHPLACE Cullersan Co.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth One

MOTHER.
 (14) NAME BEFORE MARRIAGE Eula Louise Strickland
 (15) PRESENT POSTOFFICE OF MOTHER Drum 89
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 16 (Years)
 (18) BIRTHPLACE Sullivan Co.
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was Alive at 6 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Andrewville 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 12/4 1922 (28) J. M. Patterson 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.