

ANY INFORMATION FOR BUNDLING.
WHILE PLACING IN. THIS IS A PERMANENT RECORD, and mark the
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 6.

(1) PLACE OF BIRTH
County of Florence
Township of Pee Dee
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

File No.—For State Registrar Only
4164

Registration District No. 7-13 Registered No. 1
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 7 19 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Amos Leonard Saxon
(9) PRESENT POSTOFFICE OF FATHER W. P. S.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41
(12) BIRTHPLACE S. C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 4

MOTHER.
(14) NAME BEFORE MARRIAGE Ila Bagen
(15) PRESENT POSTOFFICE OF MOTHER W. P. S.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32
(18) BIRTHPLACE S. C.
(19) OCCUPATION Housewife
(20) 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, P. M. or P. M.)
(23) (Signature) B. J. S.
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Kingman

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed Feb 13, 1922 (28) W. H. Poston 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.