

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of ... <u>Orangeburg</u>		STATE OF SOUTH CAROLINA		19767	
Township of ... <u>Orangeburg</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>3619</u>		Registered No. <u>24</u>	
(No. St.; Ward)				(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 <u>Charley Langston</u>		[If child is not yet named, make supplemental report as directed]			
(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 11 1922</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Charley Langston</u>			(14) NAME BEFORE MARRIAGE <u>Lelia Briggs</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Orangeburg</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Orangeburg S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>		
(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)		
(12) BIRTHPLACE <u>Orangeburg Co.</u>			(18) BIRTHPLACE <u>Orangeburg Co.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was ... <u>born alive</u> ... at ... <u>1.00 P.M.</u> ... on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Rebecca Middleton</u>					
(24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Orangeburg S.C.</u>					
Given name added from a supplemental report					
(26) Witness <u>Wm. S. Hall</u> (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>July 5 1922</u> (28) <u>W. H. L.</u> 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.					