

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. II.—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 Keeshawee  
Township of De Kalb  
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  
**22745**

Registration District No. 701 Registered No. 139  
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 4, 1922  
(Name of Month, Day, Year)

**FATHER.**

**MOTHER.**

(8) FULL NAME W. C. Britton  
(9) PRESENT POSTOFFICE OF FATHER Columbia, S. C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Years)  
(12) BIRTHPLACE S. C.  
(13) OCCUPATION Business  
(20) Number of children born to mother, including present birth 16

(14) NAME BEFORE MARRIAGE Virginia Connor  
(15) PRESENT POSTOFFICE OF MOTHER Columbia, S. C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)  
(18) BIRTHPLACE S. C.  
(19) OCCUPATION Keeping House  
(21) Number of children of this mother now living, including present birth 16

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Born at 1:30 P. M. on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature) W. J. Anderson  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Aug 1, 1922 (28) W. J. Anderson 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.