

MAKING REPLY FOR BIRTH. WITH GRATING INSTRUCTIONS IN CASE OF TWINNING OR TRIPLET. IN CASE OF TWINNING OR TRIPLET, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 6. MCGRAW HILL, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Anderson
Township of Piedmont
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 310

File No.—For State Registrar Only
28838

Registered No. 700
(For use of Local Registrar)

(No. St.; Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.

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

3) Sex or Child Girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Age, Parity, Menses See 7) DATE OF BIRTH 9 26 22
(Name of Month) (Day) (Year)

FATHER.
8) FULL NAME A. L. Atkins
9) PRESENT POSTOFFICE OF FATHER Piedmont, S.C.
10) COLOR OR RACE W 11) AGE AT LAST BIRTHDAY 48 (Years)
12) BIRTHPLACE Rutherford Co., N.C.
13) OCCUPATION Farming
20) Number of children born to mother, including present birth 8

MOTHER.
14) NAME BEFORE MARRIAGE Corrine Stone
15) PRESENT POSTOFFICE OF MOTHER Piedmont, S.C.
16) COLOR OR RACE W 17) AGE AT LAST BIRTHDAY 37 (Years)
18) BIRTHPLACE And. Co., S.C.
19) OCCUPATION Housewife
21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6:15 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
C. C. Horton

(23) (Signature) (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name See reg. from a supplementary report
M. B. Woodward, MD
Jan. 15, 1923
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Oct 13, 1922 (27) Filed (28) H. W. Leavitt 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.

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