

(1) PLACE OF BIRTH

County of Marion
 Township of Fairview
 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

18791

Registration District No..... Registered No.....
 (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 Girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 22 1922
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Riley Blakely
 (9) PRESENT POSTOFFICE OF FATHER Fountain Inn S.C. #13
 (10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 23 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

MOTHER
 (14) NAME BEFORE MARRIAGE Curry Dial
 (15) PRESENT POSTOFFICE OF MOTHER Fountain Inn S.C. #13
 (16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 17 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housework

(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) W. H. Stewart (24) State Physician (25) Address of Physician or Midwife Fountain Inn 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..... is..... (28)..... 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.