

## (1) PLACE OF BIRTH

County of *Bamberg*Township of *3 Mile*or  
Inc. Town ofor  
City of

(if birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

(3) BOY OR GIRL  
*Girl*(4) Twin or Triplet? *X*(5) Number in order of birth *2*  
To be answered only in event of Twins or Triplets(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Dec. 13, 1922*  
(Name of Month) (Day) (Year)

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

## FATHER.

(8) FULL NAME *Just William Cephus*(9) PRESENT POSTOFFICE OF FATHER *Chocoma B.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *24*  
(Years)(12) BIRTHPLACE *Bamberg Co.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *1 2*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Beatrice Milroy*(15) PRESENT POSTOFFICE OF MOTHER *Chocoma B.C.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *23*  
(Years)(18) BIRTHPLACE *Cecil Co.*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *1 2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive or stillborn* at *2 P.M.* on the date above stated.(23) (Signature) *J. H. Cephus*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Chocoma B.C.*

Given name added from a supplemental report

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

(27) Filed *Jan. 13, 1923* (28) *H. D. Kinard*  
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.