

WRITE PLAINLY, WITH UNFADING INK—THIS IS A FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 5.
McCaw, of Columbia.

(1) PLACE OF BIRTH
County of Florence
Township of Hammah
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
34480

Registration District No. 2016 Registered No. 26
(For use of Local Registrar)
City of (No. (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

| | | | | |
|--|--|---|---|--|
| (3) BOY OR GIRL? <u>Girl</u> | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>4/28/22</u> (Name of Month) (Day) (Year) |
| FATHER. | | | MOTHER. | |
| (8) FULL NAME <u>Russell Stone</u> | | | (14) NAME BEFORE MARRIAGE <u>Eula Proton</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Kingsley</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Kingsley</u> | |
| (10) COLOR OR RACE <u>W</u> | (11) AGE AT LAST BIRTHDAY <u>21</u> (Years) | (16) COLOR OR RACE <u>W</u> (17) AGE AT LAST BIRTHDAY <u>19</u> (Years) | | |
| (12) BIRTHPLACE <u>SC</u> | | (18) BIRTHPLACE <u>SC</u> | | |
| (13) OCCUPATION <u>miner</u> | | (19) OCCUPATION <u>housewife</u> | | |
| (20) Number of children born to mother, including present birth <u>2</u> | | (21) Number of children of this mother now living, including present birth <u>2</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was 4:30 P.M. at 4:30 P.M. on the date above stated.
(23) (Signature) W. S. Proton
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hammond

Given name added from a supplemental report
..... 191.....
..... Registrar
(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed Oct 15 1922 (28) W. S. Proton 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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