

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—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 Chesterfield
 Township of Jefferson
 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

3693

Registration District No. 1204 Registered No. 6
 (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

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1
 To be answered only in case of Twins or Triplets (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 21, 1922
 (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Sam Boone (14) NAME BEFORE MARRIAGE Wayne Mills
 (9) PRESENT POSTOFFICE OF FATHER Jefferson SC (15) PRESENT POSTOFFICE OF MOTHER Jefferson SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25
 (12) BIRTHPLACE SC (18) BIRTHPLACE SC
 (13) OCCUPATION Farmer (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 born alive at 9:31 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Joseph R. Thomas (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Jefferson SC

Given name added from a supplemental report

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

(27) Filed 19 (28) D. L. Blackwell 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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