

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 * —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 Albion
 Township of Landonville
 or
 Inc. Town of _____
 City of _____ (No. _____ St.; _____ Ward)
 (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
33

Registered No. 5
 (For use of Local Registrar)

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

(3) BOY OR GIRL G. I. **(4) Twin or Triplet** _____ **(5) Number in order of birth** _____ **(6) Are Parents Married** Yes **(7) DATE OF BIRTH** Jan. 23, 22
 (Subst. of Month) (Day) (Year)

FATHER
(8) FULL NAME James Pernell
(9) PRESENT POSTOFFICE OF FATHER Landonville
(10) COLOR OR RACE White **(11) AGE AT LAST BIRTHDAY** 40
 (Year)
(12) BIRTHPLACE I.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 10

MOTHER
(14) NAME BEFORE MARRIAGE Anna Pernell
(15) PRESENT POSTOFFICE OF MOTHER Landonville
(16) COLOR OR RACE White **(17) AGE AT LAST BIRTHDAY** 39
 (Year)
(18) BIRTHPLACE I.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was _____ at _____ M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Samuel H. Haskins
(24) State whether Physician or Midwife _____ **(25)** Address of Physician or Midwife _____

Given name added from a supplemental report _____
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) _____
(27) Filed July 10, 1922 **(28)** J. M. Haskins Local Registrar
 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.

Record of Columbia, Columbia, S. C.