

WRITE 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.
 DEPARTMENT OF COMMERCE, BUREAU OF VITAL STATISTICS, U. S. G.

(1) PLACE OF BIRTH

County of Waynes
 Township of Plattburg
 OF
 Inc. Town of.....
 OR
 City of..... (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
35424

Registration District No. #3110 Registered No. 28
 (For use of Local Registrar)

(2) Full Name of Child Raynell Sturkie [If child is not yet named, make supplemental report as directed]

3) BOY OR GIRL Girl (4) Twin or Triplets Twin (5) Number in order of birth First (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 31 1922
 (Name of Month) (Day) (Year)
 To be answered only in event of Twins or Triplets

FATHER.

8) FULL NAME H. F. Sturkie
 9) PRESENT POSTOFFICE OF FATHER Gaston S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Hook
 (15) PRESENT POSTOFFICE OF MOTHER Gaston S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Julia Seigler (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Gaston S.C.

Given name added from a supplemental report

 19

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Max G. 19 22 (28) Jessie Tallant 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.