

MARGIN RESERVED FOR BINDING.

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 2.

Division of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Georgetown</u>		STATE OF SOUTH CAROLINA		17680	
Township of <u>2</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>2101</u>		Registered No.	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>George Lobby</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <input checked="" type="checkbox"/>	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>June 2, 1923</u>	
To be answered only in case of Twin or Triplet			(Name of Month) (Day) (Year)		
FATHER.			MOTHER.		
(8) FULL NAME <u>Georgiell Lobby</u>	(14) NAME BEFORE MARRIAGE <u>Lily Gasque</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Georgetown, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Georgetown, S.C.</u>				
(10) COLOR OR RACE <u>B.</u>	(11) AGE AT LAST BIRTHDAY <u>46</u> (Years)	(16) COLOR OR RACE <u>B.</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)		
(12) BIRTHPLACE <u>Sampit, S.C.</u>	(18) BIRTHPLACE <u>Sampit, S.C.</u>				
(13) OCCUPATION <u>Public & Farm work</u>	(19) OCCUPATION <u>Housework</u>				
(20) Number of children born to mother, including present birth <u>3</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 <u>born alive</u> at <u>10 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Mary Spool</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Georgetown, S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by nurse)		
19			(27) Filed <u>6/30</u> 19 <u>23</u> (28) <u>A. J. Tilton</u> 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 required of stillbirths before the fifth month of pregnancy.					