

MARGIN RESERVED FOR INDEXING.  
 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.

(1) PLACE OF BIRTH

County of North Carolina  
 Township of ...  
 or  
 Inc. Town of ...  
 or  
 City of ...

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

Registration District No. 422

File No.—For State Registrar Only  
**2520**

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 <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Jan 26 1922</u>
FATHER. (8) FULL NAME <u>Alonso Bagnice</u>			MOTHER. (9) FULL NAME <u>Ellen Bagnice</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>Durham</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Durham</u>	
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY (Years) <u>36</u>	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY (Years) <u>25</u>	
(16) BIRTHPLACE <u>Durham</u>			(17) BIRTHPLACE <u>Durham</u>	
(18) OCCUPATION <u>Printer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>15</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at ... on the date above stated.

(23) Signature <u>[Signature]</u>	(24) State whether Physician or Midwife <u>Physician</u>	(25) Address of Physician or Midwife <u>...</u>
Given name added from a supplemental report		
(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)	(27) Local Registrar <u>Mrs. J. C. White</u>	

\*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.