

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 1.

(1) PLACE OF BIRTH

County of Lang.....  
 Township of Conway.....  
 or  
 Inc. Town of.....  
 or  
 City of.....

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

No. — For State Registrar Only  
**4211**

Registration District No. 2522 Registered No. 79.....  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Grier-Charles Long If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Trunk <u>1</u>	(5) Number in order of birth <u>1</u>	(6) Age of Parents <u>30</u>	(7) DATE OF BIRTH <u>Feb 17, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>William Mack Long</u>			(14) NAME BEFORE MARRIAGE <u>Sallie Clayton</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Conway RFD #1</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Conway S.C. #1</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>4</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)	
(12) BIRTHPLACE <u>Lang County</u>			(18) BIRTHPLACE <u>Lang County S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u></u>	
20) Number of children born to mother, including present birth <u>1 7</u>			21) Number of children of this mother now living, including present birth <u>1 7</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:48 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. S. Sorenson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(Signature of Witness necessary only when question 22 is signed by mark)  
Feb 17, 1922 (26) J. L. Ozier  
 Local Registrar.

\*When there was no physician, midwife, etc., should make this return. If a child was born, the report is desired of stillbirths or of pregnancy.

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