

MARGIN IS RESERVED FOR KEEPING WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the 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 5.

(1) PLACE OF BIRTH County of <u>Abbeville</u> Township of <u>Marquette</u> OR Inc. Town of OR City of (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 <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 6220 </div>	
		Registration District No. <u>109</u>		Registered No. <u>18</u> (For use of Local Registrar)	
(2) Full Name of Child <u>Bertha Postell</u>					
If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>Girl</u>		(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>		(5) Number in order of birth <u>yes</u>	
(6) DATE OF BIRTH <u>March 26, 1922</u> <small>(Name of Month) (Day) (Year)</small>					
FATHER.			MOTHER.		
(8) FULL NAME <u>Erasmus Postell</u>			(14) NAME BEFORE MARRIAGE <u>Rosa Dawson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Calhoun Falls, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Calhoun Falls, S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>		
(11) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>20</u> <small>(Years)</small>		
(12) BIRTHPLACE <u>Abbeville Co</u>			(18) BIRTHPLACE <u>Abbeville Co</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>6:30</u> A.M., on the date above stated. <small>(Born alive or stillborn) (Hour A. M. or P. M.)</small>					
(23) (Signature) <u>Annice Seare</u> (24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Calhoun Falls</u>					
Given name added from a supplemental report			(26) Witness <small>(Signature of Witness necessary only when question 23 is signed by mark)</small>		
..... 19 Registrar			(27) Filed <u>March 30, 1922</u> (28) <u>J. H. Name</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 desired of stillbirths before the fifth month of pregnancy.					

MEDICAL DEPARTMENT, COLUMBIA, S. C.