

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 M. B.—In case of TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Bureau of Columbia, Columbia, S. C.

## (1) PLACE OF BIRTH

County of DORCHESTER

Township of .....

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

34136

Registration District No. .... Registered No. ....  
(For use of Local Registrar)(2) Full Name of Child Donna Perrinif child is not yet named, make  
supplemental report as directed(3) BOY OR  
GIRL Girl(4) Twin  
or Triplet? 1

To be answered only in case of Twin or Triplet

(5) Number in  
order of birth 4(6) Are  
Parents  
Married? yes(7) DATE OF  
BIRTH Oct 30 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME Harry Weeks(9) PRESENT  
POSTOFFICE  
OF FATHER St George S.C.(10) COLOR  
OR  
RACE White(11) AGE AT LAST  
BIRTHDAY 34

(Years)

(12) BIRTHPLACE  
St George S.C.(13) OCCUPATION  
Farmer(20) Number of children born to  
mother, including present birth 4

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Bessie Heaton(15) PRESENT  
POSTOFFICE  
OF MOTHER St George S.C.(16) COLOR  
OR  
RACE White(17) AGE AT LAST  
BIRTHDAY 30

(Years)

(18) BIRTHPLACE  
St George S.C.(19) OCCUPATION  
Housewife(21) Number of children of this mother  
now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. Johnston

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
tal report(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed ..... (28) .....  
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.\*When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
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before the fifth month of pregnancy.