

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. N. 1.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRSTBORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Essex
Township of Cheney
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. 901.

File No.—For State Registrar Only

3470

Registered No. 24
(For use of Local Registrar)

City of (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 Musa W. Sengou [If child is not yet named, make supplemental report as directed]

(3) BOY OR GIRL <i>girl</i>	(4) Twin or Triplet? <i>No</i> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>No</i>	(7) DATE OF BIRTH <i>July 13, 1922</i> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME	<i>John J. ...</i>	(14) NAME BEFORE MARRIAGE	<i>Bella Louise Johnson</i>

(15) PRESENT POSTOFFICE OF MOTHER *Met Pleasant DC*

(10) COLOR OR RACE Nez (11) AGE AT LAST BIRTHDAY 30 (Years) (12) COLOR OR RACE Nez (13) AGE AT LAST BIRTHDAY 17 (Years)

(12) BIRTHPLACE	Ramoth Hill SC	(18) BIRTHPLACE	Ramoth Hill SC
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(13) OCCUPATION	<i>Farmer</i>	(13) OCCUPATION	<i>Farmer</i>
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(22) Number of children born to mother, including present birth One (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Charlotte
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 1111

Given name added from a supplement-
al report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) - Filed July 21, 1922 (28) Chas. J. [Signature]
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.

before the fifth