

No. 10—In case of TWINS OR TRIPLETS use a separate sheet for each child, and mark the parent's name in the margin. In case of a stillborn child, use a separate sheet for each child, and mark the parent's name in the margin. No. 1. THIS ORDER, No. 2, sec. 1, question 5.

(1) PLACE OF BIRTH

County of Marlboro
Township of Brightsville
or
Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

15948

Registration District No. 3302 Registered No. 20
(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 Leroy Quirk (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH May 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME J. T. Quirk
(9) PRESENT POSTOFFICE OF FATHER Bennettsville SC
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 34
(Years)
(12) BIRTHPLACE SC
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 6

MOTHER.
(14) NAME BEFORE MARRIAGE Minnie Pearson
(15) PRESENT POSTOFFICE OF MOTHER Bennettsville SC
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 30
(Year)
(18) BIRTHPLACE NC
(19) OCCUPATION Work on farm
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Floa Jackson
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Bennettsville SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 5/10 19 22 (28) W. P. Stebbins 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.