

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD.  
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN ON ALL THE OTHERS, NO. 1, etc. In question 5

(1) PLACE OF BIRTH

County of Christie  
 Township of Lumbville  
 or  
 Inc. Town of.....  
 or  
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

744

Registration District No. 1106 Registered No. 17  
 (For use of Local Registrar)

(2) Full Name of Child John Peay

If child is not yet named, make  
 supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 13 1922  
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Rube Peay  
 (9) PRESENT POSTOFFICE OF FATHER Richburg  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)  
 (12) BIRTHPLACE Christie Co. S.C.  
 (13) OCCUPATION Farm Laborer  
 (20) Number of children born to mother, including present birth 1 3

MOTHER

(14) NAME BEFORE MARRIAGE Manda Barber  
 (15) PRESENT POSTOFFICE OF MOTHER Richburg S.C.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Years)  
 (18) BIRTHPLACE Christie Co. S.C.  
 (19) OCCUPATION Farm Laborer  
 (21) Number of children of this mother now living, including present birth 1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or not (Hour 6 P. M.) on the date above stated.

(23) (Signature) Allie E. Cloud  
 (24) State, whether, Physician or Midwife Midwife Address of Phys. or Midwife Richburg S.C.

Given name added from a supplemental report

(25) Witness J. M. Anderson  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 1-20 1922 (28) J. S. Hallis 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.