

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, No. 1, THE OTHER, No. 2, etc., in question 5.

MADE IN COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of North Charleston  
 Township of North Charleston  
 or  
 Inc. Town of North Charleston  
 or  
 City of North Charleston  
 (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

31065

Registration District No. 2 Registered No. 26  
 (For use of Local Registrar)

(2) Full Name of Child

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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 19 1922  
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME  
 (9) PRESENT POSTOFFICE OF FATHER  
 (10) COLOR OR RACE  
 (11) AGE AT LAST BIRTHDAY (Years)  
 (12) BIRTHPLACE  
 (13) OCCUPATION  
 (20) Number of children born to mother, including present birth 1

(14) NAME BEFORE MARRIAGE Radio Hinson  
 (15) PRESENT POSTOFFICE OF MOTHER Ita Zell  
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY (Years) 17  
 (18) BIRTHPLACE Ita Zell  
 (19) OCCUPATION Free Hand  
 (21) Number of children of this mother now living, including present birth 1

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) Dr. J. H. Hinson

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Ita Zell

Given name added from a supplemental report

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

(27) Filed July 20 1922 (28) Mrs. H. Hinson 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.