

MARGIN RESERVED FOR SHEDDING. 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.

(1) PLACE OF BIRTH

County of York
 Township of W. Starbuck
 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
31054

Registration District No. 2-103

Registered No. 68
 (For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth
 To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 24, 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Doc Williams
 (9) PRESENT POSTOFFICE OF FATHER Scotts
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE Ill
 (13) OCCUPATION Wine Press
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Lena McLeod
 (15) PRESENT POSTOFFICE OF MOTHER Scotts
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE Ill
 (19) OCCUPATION Home Help
 (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. (Down at stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lena McLeod

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Waverly

Given name added from a supplemental report

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

(27) Filed Sept 20, 1922 (28) Wm. H. J. Tracy
 Registrar. 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.