

(1) PLACE OF BIRTH

County of Town
 Township of Cherokee
 or
 Inc. Town of.....
 or
 City of Logan

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

30888

Registration District No. 2209 Registered No.
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Robert Merton

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

3) BOY OR GIRL Boy 4) Twin or Triplets 1 5) Number in order of birth 1 6) Are Parents Married? No 7) DATE OF BIRTH Sept 20, 21
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Robert Merton
 9) PRESENT POSTOFFICE OF FATHER Logan
 10) COLOR OR RACE Caucasian 11) AGE AT LAST BIRTHDAY 25
 (Years)
 12) BIRTHPLACE Logan
 13) OCCUPATION Farmer

MOTHER.

14) NAME BEFORE MARRIAGE Robert Merton
 15) PRESENT POSTOFFICE OF MOTHER Logan
 16) COLOR OR RACE Caucasian 17) AGE AT LAST BIRTHDAY 25
 (Years)
 18) BIRTHPLACE Logan
 19) OCCUPATION Farmer

20) Number of children born to mother, including present birth 1

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 Robert Merton on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Robert Merton(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Logan

Given name added from a supplemental report

Robert Merton
September 20, 21
 Registrar

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

(27) Filed Sept 20, 21 Local Registrar Robert Merton

*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.

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD
 N. B.—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.

McGraw-Hill, Columbia, N. C.