

MARGIN RESERVED FOR BINDING. WITH ENDORSEMENTS, THIS IS A PERMANENT RECORD. IN CASE OF TWINNING 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 York  
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

19345

Registration District No. 3007 Registered No. 31  
(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 Arnon Jackson Radgus If child is not yet named, make supplemental report as directed

3. BOY OR GIRL <u>Boy</u>	4. Twin or Triplet? <u>C</u> To be answered only in event of Twins or Triplets	5. Number in order of birth <u>C</u>	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH <u>June 25, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8. FULL NAME <u>William David Radgus</u>	14. NAME BEFORE MARRIAGE <u>Marie Harris</u>			
9. PRESENT POSTOFFICE OF FATHER <u>Lucknow, S.C.</u>	15. PRESENT POSTOFFICE OF MOTHER <u>Lucknow, S.C.</u>			
10. COLOR OR RACE <u>White</u>	11. AGE AT LAST BIRTHDAY <u>51</u> (Years)	16. COLOR OR RACE <u>White</u>		17. AGE AT LAST BIRTHDAY <u>42</u> (Years)
12. BIRTHPLACE <u>S.C. U.S.A.</u>	18. BIRTHPLACE <u>S.C. U.S.A.</u>			
13. OCCUPATION <u>Farming</u>	19. OCCUPATION <u>Domestic</u>			
20. Number of children born to mother, including present birth <u>14</u>	21. Number of children of this mother now living, including present birth <u>9</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. Watkins  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician — Lucknow, S.C.

Given name added from a supplemental report

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

(27) Filed July 15, 1922 (28) J. O. Radgus 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.