

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING 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.

P/C

McGraw-Hill, Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Aiken</u>		STATE OF SOUTH CAROLINA		40657	
Township of <u>Rocky Spring</u>		Bureau of Vital Statistics			
or Inc. Town of.....		State Board of Health			
City of		Registration District No. <u>216</u>		Registered No. <u>55</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(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 <u>Boy</u>	(4) Twin or Triplet? <u>—</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>—</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 6 22</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Robert Barton</u>			(14) NAME BEFORE MARRIAGE <u>Mattie Lou Johnson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Kitchings Mills SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Kitchings Mills SC</u>		
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>		
(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)		
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>		
(13) OCCUPATION <u>Harbor Laborer</u>			(19) OCCUPATION <u>Housework</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Normal</u> at <u>7:00 P. M.</u> on the date above stated. (Boys alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>W. A. Mullock, M.D.</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Kitchings Mills SC</u>					
Given name added from a supplemental report			(26) Witness		
....., 19			(Signature of Witness necessary only when question 23 is signed by mark)		
Registrar			(27) Filed <u>Dec 27 1922</u> (28) <u>H. C. Rawl</u> 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.					

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