

MARGIN RESERVE FOR BINDING. WITH READING INSTRUCTIONS IN A PERMANENT RECORD WHITE PLAIN. IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1 THIS 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
20207

Registration District No. 4003 Registered No. 46
 (For use of Local Registrar)

(2) Full Name of Child

3. BOY OR GIRL? Girl
 4. Twin or Triplet? No
 5. Number in order of birth 1
 To be answered only in event of Twins or Triplets
 FATHER.
 6. FULL NAME James T. E. E.
 9. PRESENT POSTOFFICE OF FATHER Rocklin 7
 10. COLOR OR RACE White
 11. AGE AT LAST BIRTHDAY 36 (Years)
 12. BIRTHPLACE 7 R
 13. OCCUPATION 7 Mining
 20. Number of children born to mother, including present birth 5

7. DATE OF BIRTH Jan 9 1922
 (Name of Month) (Day) (Year)
 8. Are Parents Married? Yes
 MOTHER.
 14. NAME BEFORE MARRIAGE My Bullman
 15. PRESENT POSTOFFICE OF MOTHER Rocklin 2
 16. COLOR OR RACE White
 17. AGE AT LAST BIRTHDAY 30 (Years)
 18. BIRTHPLACE 7 R
 19. OCCUPATION Dom
 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 Born alive or stillborn at 3 A. M. on the date above stated. (Four A. M. and P. M.)

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife 75

Given name added from a supplemental report

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

(27) Filed July 1 1922 (28) Miss J. C. White 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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