

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH READING 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 6.

(1) PLACE OF BIRTH
 County of Marlboro
 Township of Adamsville
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
5013

Registration District No. 3500 Registered No. 2
 (For use of Local Registrar)

(2) Full Name of Child Celia Wall (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 6 22
 (Month) (Day) (Year)

FATHER.
 (8) FULL NAME Morton Wall
 (9) PRESENT POSTOFFICE OF FATHER Bennettsville, S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27
 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Betha Bridges
 (15) PRESENT POSTOFFICE OF MOTHER Bennettsville, S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27
 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Farmer Labor
 (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 at 5 A.M.
 on the date above stated. (Hour, A. M. or P. M.)

(23) (Signature) Amanda Wall
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by name)
 (27) Filed Feb 16 22 (28) A. P. Newton 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.