

(1) PLACE OF BIRTH

County of Clarendon
 Township of Medway
 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

18240

Registration District No. 1308 Registered No. 5
 (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 Maurin January { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? One (5) Number in order of birth
 To be answered only in event of Twins or Triplets (6) Are Parents Married? Yes (7) DATE OF BIRTH June 28, 1922
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>Killie January</u>	(14) NAME BEFORE MARRIAGE	<u>Josephine Prind</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>New Zion</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>New Zion S.C.</u>
(10) COLOR OR RACE	<u>Negro</u>	(16) COLOR OR RACE	<u>Negro</u>
(11) AGE AT LAST BIRTHDAY	<u>49</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>42</u> (Years)
(12) BIRTHPLACE	<u>Sumter Co</u>	(18) BIRTHPLACE	<u>Clarendon Co</u>
(13) OCCUPATION	<u>Trainer</u>	(19) OCCUPATION	<u>Famer and Nurse H. S.</u>
(20) Number of children born to mother, including present birth	<u>13</u>	(21) Number of children of this mother now living, including present birth	<u>13</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive..... at 2 P.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or 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 mark)

(27) Filed July 14, 1922 (28) W. H. Smith
 Registrar 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.