

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 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 1.

(1) PLACE OF BIRTH
 County of Cherokee
 Township of Leicesterville
 or
 Inc. Town of.....
 or
 City of.....

(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
745

Registration District No. 1106 Registered No. 18.....
 (For use of Local Registrar)

(2) Full Name of Child Carmen Johnson Hallie

If child is not yet named, make supplemental report as directed

(3) BOY OR
 GIRL

(4) Twin
 or Triplet?

(5) Number in
 order of birth

(6) Are
 Parents
 Married?

(7) DATE OF
 BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
 NAME

(9) PRESENT
 POSTOFFICE
 OF FATHER

(10) COLOR
 OF
 RACE

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to
 mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
 al report

(26) Witness

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

(27) Filed

Jan 31 1922

(28) 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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