

MAJORITY REQUIRED FOR BINDING.
 WHEN PLACING, WITH UNFADING INK—WHEN IN A VULNERABLE POSITION, AND MARK THE
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
 County of Florence
 Township of South
 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
4147

Registration District No. 2009 Registered No. 11
 (For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL Boy (4) Twin or Triplet 1 (5) Number in order of birth 1
 To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes (7) DATE OF BIRTH Feb 27 1922
 (Name (Month) (Day) (Year))

FATHER.
 (8) FULL NAME Johnie Matchum
 (9) PRESENT POSTOFFICE OF FATHER Sec A C R
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)
 (12) BIRTHPLACE Sec
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Eva M. Allister
 (15) PRESENT POSTOFFICE OF MOTHER Sec
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)
 (18) BIRTHPLACE Sec
 (19) OCCUPATION house work
 (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 alive at 10:30 M.;
 on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Mrs. W. W. M. Allister
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hopman R. D.

Given name added from a supplemental report

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

(27) Filed 3/4 22 (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.

RECORD OF COLORADO, COLORADO, S. C.