

USE PLAINLY, WITH UNFADING 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 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Leicester</u>		STATE OF SOUTH CAROLINA		35122	
Township of <u>Cane Creek</u>		Bureau of Vital Statistics			
OR		State Board of Health			
Inc. Town of .....		Registration District No. <u>2801</u>		Registered No. <u>42</u>	
OR				(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 <u>John Gary Childers</u>					
If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 21 1922</u>	
To be answered only in case of Twin or Triplet					
FATHER			MOTHER		
(8) FULL NAME <u>John Wiley Childers</u>			(14) NAME BEFORE MARRIAGE <u>Bessie Gates</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Leicester, S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Leicester, S. C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>50</u>			(17) AGE AT LAST BIRTHDAY <u>32</u>		
(12) BIRTHPLACE <u>Kershaw Co. S. C.</u>			(18) BIRTHPLACE <u>Columbia, S. C.</u>		
(13) OCCUPATION <u>Textile Worker</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>8</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Martha M. Kennedy</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Leicester, S. C.</u>					
Given name added from a supplemental report					
(26) Witness <u>Wm. H. J. Perry</u>					
(Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Oct 29 1922</u> (28) <u>W. H. Doffin</u> 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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MADE IN COLUMBIA, S. C.