

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

(1) PLACE OF BIRTH

County of Charleston
 Township of Bushy
 Inc. Town of
 (City of)

CERTIFICATE OF BIRTH

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

No. 8514—For State Registrar

8514

Registration District No. H. O. Co.

Registered No. 24
 (For use of Local Registrar)

(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 Johnny Lewis Pack

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

(3) SEX OR
 CHILD boy

(4) Twin
 or Triplet 1

(5) Number in
 order of birth 4

(6) Are
 Parents
 Married yes

(7) DATE OF
 BIRTH 26th
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL
 NAME J. W. Pack

(9) PRESENT
 POSTOFFICE
 OF FATHER Inman s c

(10) COLOR
 OR
 RACE white (11) AGE AT LAST
 BIRTHDAY 37
 (Years)

(12) BIRTHPLACE N C

(13) OCCUPATION
Farmer

(14) Number of children born to
 mother, including present birth 4

MOTHER.

(14) NAME BEFORE
 MARRIAGE G E Phillips

(15) PRESENT
 POSTOFFICE
 OF MOTHER Inman s c

(16) COLOR
 OR
 RACE white (17) AGE AT LAST
 BIRTHDAY 33
 (Years)

(18) BIRTHPLACE N C

(19) OCCUPATION
House work

(20) Number of children of this mother
 now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 10 A. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) R L Thompson

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Physician Inman s c

(Given name added from a supplement-
 al report)

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

(26) Signed W. H. 20 23 (27) 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.

(28) Registrar (29) Signed W. H. 20 23 (30) Local Registrar

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 before the fifth month of pregnancy.