

No. 1—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, TIME OTHER, No. 2, etc., in question 5.
 McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Edwards
 Township of Union
 or
 Inc. Town of Graham Station
 or
 City of _____ (No. _____ St. _____ Ward _____)
 (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

34263

Registration District No. 18/4 Registered No. 52

(For use of Local Registrar)

(2) Full Name of Child James M. Allen

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

(3) BOY OR GIRL? X

(4) Twin or Triplet? 1

(5) Number in order of birth 1st

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Oct. 29 1922

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME James Pearson

(9) PRESENT POSTOFFICE OF FATHER Graham Station

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 40

(Years)

(12) BIRTHPLACE Edwards

(13) OCCUPATION Public Works

(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Anna M. Pearson

(15) PRESENT POSTOFFICE OF MOTHER Graham Station

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY 16

(Years)

(18) BIRTHPLACE Union

(19) OCCUPATION Housewife

(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 born alive at 12:00 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Graham Station

Given name added from a supplemental report

James M. Allen 191 22

[Signature] Registrar

(26) Witness [Signature] (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Nov. 2 1922 (28) [Signature] 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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