

MARGIN RESERVED FOR BINDING.

WHITE 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 .....		STATE OF SOUTH CAROLINA		34132	
Township of .....		Bureau of Vital Statistics			
or Inc. Town of .....		State Board of Health			
or City of .....		Registration District No. ....		Registered No. ....	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St.; .... Ward)		(For use of Local Registrar)	
(2) Full Name of Child .....					
If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet? <i>1</i>	(5) Number in order of birth <i>8</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Sept. 13, 1922</i>	
To be answered only in case of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <i>Irland Onegum McQueen</i>			(14) NAME BEFORE MARRIAGE <i>Blemer</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>St George S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>St George S.C.</i>		
(10) COLOR OR RACE <i>White</i>			(16) COLOR OR RACE <i>White</i>		
(11) AGE AT LAST BIRTHDAY <i>39</i>			(17) AGE AT LAST BIRTHDAY <i>32</i>		
(12) BIRTHPLACE <i>Holly Hill S.C.</i>			(18) BIRTHPLACE <i>Holly Hill S.C.</i>		
(13) OCCUPATION <i>Farmer</i>			(19) OCCUPATION <i>House wife</i>		
(20) Number of children born to mother, including present birth <i>8</i>			(21) Number of children of this mother now living, including present birth <i>7</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>born alive</i> at <i>11 P. M.</i> on the date above stated. (Hour A. M. or P. M.)					
(23) (Signature) <i>C. Johnston</i>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife					
Given name added from a supplemental report					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed 19 .....					
(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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