

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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 Myrtlefield  
Township of Cherokee  
OF  
Inc. Town of .....  
OF  
City of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

No. for State Registrar Only  
**3414**

Registration District No. 1201 Registered No. 21  
(For use of Local Registrar)

(2) Full Name of Child

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 25 22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Major Pegues</u>			(14) NAME BEFORE MARRIAGE <u>Rebecca Campbell</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Cheraw S.C. R-1</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cheraw S.C. R-1</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(16) COLOR OR RACE <u>Negro</u>		
(12) BIRTHPLACE <u>S.C.</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)			
(13) OCCUPATION <u>Farmer</u>			(18) OCCUPATION <u>Housewife</u>	
(19) Number of children born to mother, including present birth <u>Seven</u>			(21) Number of children of this mother now living, including present birth <u>Seven</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 A.M. on the date above stated. (Hour A. M. or P. M.)  
(23) (Signature) Robert S. Cooper  
(24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Myrtlefield

Given name added from a supplementary report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)  
John S. Ingram  
J. S. Ingram Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes after the birth month of pregnancy.