

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 2.

(1) PLACE OF BIRTH

County of Marble Hill
 Township of Brownsville
 OR
 Inc. Town of
 OR
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

8468

Registration District No. 321.3 Registered No. 3
 (For use of Local Registrar)
Brackington St.; Ward)

(2) Full Name of Child Larry Lee

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? No (7) DATE OF BIRTH Jan 4, 1922
 (Specify Month) (Day) (Year)

FATHER.
 (8) FULL NAME Carolina Bee
 (9) PRESENT POSTOFFICE OF FATHER F. Lawrence B.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)
 (12) BIRTHPLACE F. Lawrence
 (13) OCCUPATION Fanner
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Frances Brackington
 (15) PRESENT POSTOFFICE OF MOTHER Brownsville
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)
 (18) BIRTHPLACE Marble Hill
 (19) OCCUPATION Fanner
 (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 (Born alive or stillborn) (Date A. M. or P. M.) 9 a.m.
 on the date above stated.
 (23) (Signature) Nancy Jackson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 (26) Witness
 (27) Filed Jan 12, 1922 Registrar R.H. Rogers
 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.