

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—A PERMANENT RECORD
 IN B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK CARD FOR EACH CHILD, and make the
 FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 8.

MEAS. OF CHILDREN, COLUMN, M. C.

(1) PLACE OF BIRTH

County of
 Township of
 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

2986

Registration District No. 314... Registered No. 2...

(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

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

3. BOY OR GIRL? GIRL	4. Twin or Triplet? To be answered only in event of Twins or Triplets	5. Number in order of birth	6. Are Parents Married?	7. DATE OF BIRTH (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8. FULL NAME			14. NAME BEFORE MARRIAGE	
9. PRESENT POSTOFFICE OF FATHER			15. PRESENT POSTOFFICE OF MOTHER	
10. COLOR OR RACE	(11) AGE AT LAST BIRTHDAY (Years)	16. COLOR OR RACE		
12. BIRTHPLACE	17. AGE AT LAST BIRTHDAY (Years)			
13. OCCUPATION	18. BIRTHPLACE			
19. OCCUPATION			20. OCCUPATION	
20. Number of children born to mother, including present birth			21. Number of children of this mother now living, including present birth	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... on the date above stated.

(23) (Signature) (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 March 10, 1922 (28) J. B. Martin 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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