

WRITE 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.

Form 5-6

(1) PLACE OF BIRTH

County of Darlington
Township of Antioch
or
Inc. Town of.....
or
City of..... (No. St.; Ward)

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

File No.—For State Registrar Only
965

Registration District No. 14-10 Registered No. 21
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1
To be answered only in case of Twins or Triplets (6) Are Parents Married? Yes (7) DATE OF BIRTH May 18 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Geo Garing
(9) PRESENT POSTOFFICE OF FATHER Hamlet
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Darlington C. S. C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Alma Bonefoote
(15) PRESENT POSTOFFICE OF MOTHER Hamlet S. C.
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 18 (Years)
(18) BIRTHPLACE Darlington C. S. C.
(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 at Hamlet 11 PM on the date above stated. (Day, month or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Flora Johnson
(24) State Physician or Midwife (25) Address of Physician or Midwife
Hamlet S. C.
Flora Johnson

Given name added from a supplemental report.

(26) Witness (Signature of Witness necessary only when question 24 is signed in mark)
(27) Filed Jan 17 22 (28) Local Registrar
J. M. Kasper

When there was no attending physician or midwife, by 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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Revised by Columbia, Columbia, S. C.