

MADE FLAINTLY 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 6.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 2711
County of Township of or Inc. Town of or City of		Registration District <u>4-307</u>		Registered No. (For use of Local Registrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				
(2) Full Name of Child <u>Suther Bellin Song</u>				
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>1-18-22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Henry Song</u>			(14) NAME BEFORE MARRIAGE <u>Esther Rushell</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Anderson SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Andrews SC</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Year)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Year)	
(12) BIRTHPLACE			(18) BIRTHPLACE	
(13) OCCUPATION <u>Farm</u>			(19) OCCUPATION <u>Farm</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*				
(22) I hereby certify that I attended the birth of this child, who was at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)				
(23) (Signature) <u>Sarah Hanna</u> (24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Andrews C.</u>				
Given name added from a supplemental report				
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)				
(27) Filed <u>Jan 16 1922</u> (28) <u>H. E. Grier</u> Registrar 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.				