

USE SEPARATE BLANK FOR EACH CHILD, and mark the 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.

(1) PLACE OF BIRTH  
 County of Chester  
 Township of Rosaville  
 or  
 Inc. Town of.....  
 or  
 City of..... (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only  
18120

Registration District No. 1103 Registered No. 76  
 (For use of Local Registrar)

(2) Full Name of Child..... (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplets Twin (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 18, 1922  
 To be answered only in event of Twins or Triplets (Sign of M—D) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Henry R. Outlaw</u>	(14) NAME BEFORE MARRIAGE <u>Erie Price</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Great Falls</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Great Falls</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)
(12) BIRTHPLACE <u>Sumter Co., S. C.</u>	(18) BIRTHPLACE <u>Sumter Co., S. C.</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>19</u>	(21) Number of children of this mother now living, including present birth <u>8</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was Born alive at 9:31 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. O. McKeown M.D.  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Great Falls

Given name added from a supplemental report.....  
 ..... 19..... Registrar  
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. J. Varney  
 (27) Filed 4/19/22 19..... (28) 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.

MS. 92.2, COLUMBIA, S. C.