

MARGIN RESERVED FOR BINDING.
 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.
 RECORD OF COLLEGE, COURTESY, & C.

(1) PLACE OF BIRTH

County of Charleston
 Township of Coleman
 or
 Inc. Town of
 or
 City of
 (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

820

Registration District No. 206

Registered No. 10
 (For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 22, 1922</u>
(8) FULL NAME <u>Clarena Knight</u>		(9) NAME BEFORE MARRIAGE <u>Alma Nicholson</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Pageland, S.C.</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Pageland, S.C.</u>		
(12) COLOR OR RACE <u>W.</u>	(13) AGE AT LAST BIRTHDAY <u>40</u>	(14) COLOR OR RACE <u>W.</u>	(15) AGE AT LAST BIRTHDAY <u>40</u>	
(16) BIRTHPLACE <u>S.C.</u>	(17) OCCUPATION <u>Housewife</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>7</u>		(21) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... born alive... at 10 P.M. on the date above stated. (Born alive or stillborn. (Hour, M. or P. M.))

(23) (Signature) John D. Tolson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Pageland, S.C.

Given name added from a supplemental report

(26) Withheld (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 1/26 1922 (28) Gustamington 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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