

## (1) PLACE OF BIRTH

County of OrangeTownship of Orangeor  
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

5158

Registration District No. 3500 Registered No. 27  
(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 <u>Boy</u>	(4) Twin or Triplet? <u>X</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>11</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>1-22-22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Hugh M. Stancil</u>			(14) NAME BEFORE MARRIAGE <u>Mary 2nd</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Fair Play</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Fair Play</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>43</u> (Years)	(16) COLOR OR RACE <u>W.</u>		
(12) BIRTHPLACE <u>NC.</u>	(17) AGE AT LAST BIRTHDAY <u>41</u> (Years)			
(13) OCCUPATION <u>Farmer</u>			(18) BIRTHPLACE <u>NC.</u>	
(19) OCCUPATION <u>Domestic</u>			(21) Number of children of this mother now living, including present birth <u>9</u>	
(20) Number of children born to mother, including present birth <u>11</u>				

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
7:00 PM(23) (Signature) W. M. Martin(24) State whether Physician or Midwife  
Physician(25) Address of Physician or Midwife  
Fair PlayGiven name added from a supplement-  
tal report(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed March 9, 1922 (28) A. P. 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.