

N. H.—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.

(1) PLACE OF BIRTH

County of Dillon
 Township of Hartsville
 or
 Inc. Town of
 or
 City of

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

Registration District No. 1602

File No.—For State Registrar Only
42073

Registered No. 133
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>girl</u>	4) Twin or Triplet? To be answered only in case of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>June 26, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>J. L. Daulop</u>			14) NAME BEFORE MARRIAGE <u>Pearl Corbett</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Little Rock S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Little Rock S.C.</u>	
10) COLOR OR RACE <u>white</u>			16) COLOR OR RACE <u>white</u>	
11) AGE AT LAST BIRTHDAY <u>32</u> (Years)			17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
12) BIRTHPLACE <u>N.C.</u>			18) BIRTHPLACE <u>N.C.</u>	
13) OCCUPATION <u>Lumber Manuf.</u>			19) OCCUPATION <u>Housewife</u>	
20) Number of children born to mother, including present birth <u>3</u>			21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. Michael
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife Physician Dillon S.C.

Given name added from a supplemental report

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

(27) Filed July 3, 1922 (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.

Registrar [Signature] Local Registrar [Signature]
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