

(1) PLACE OF BIRTH

County of Clarendon
 Township of New Zion
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

33851

Registration District No. 1312 Registered No. 43
 (For use of Local Registrar)

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

(2) Full Name of Child Mary + Martha McIntosh If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girls (4) Twin or Triplet? twin (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 24, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Warren B McIntosh
 (9) PRESENT POSTOFFICE OF FATHER New Zion S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31
 (Year)
 (12) BIRTHPLACE Clarendon Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Lennie E. Wall
 (15) PRESENT POSTOFFICE OF MOTHER New Zion, S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27
 (Year)
 (18) BIRTHPLACE Clarendon Co
 (19) OCCUPATION Wife
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Now McMill

Given name added from a supplemental report

(26) Witness E B Galt

(Signature of Witness necessary when question 23 is signed by Registrar)

(27) Filed 10/5 19 22 (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.

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