

MARGIN RESERVED FOR BINDING.

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IF BORN TO TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD AND MARK IN FIRST-DOWN, No. 1, THE OTHER, No. 2, etc., in question 3.

(1) PLACE OF BIRTH
 County of Charleston
 Township of St. C. St. M.
 or
 Inc. Town of
 or
 City of North Charleston
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. 909 Registered No. 3
 (For use of Local Registrar)

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

File No.—For State Registrar Only
631

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 12 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Raceo Sapp
 (9) PRESENT POSTOFFICE OF FATHER North Charleston 30
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE Lowenburg
 (13) OCCUPATION Spinner
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Williamae Murrell
 (15) PRESENT POSTOFFICE OF MOTHER North Charleston SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE Walterborough SC
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Dr. J. H. H. H.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife North Charleston SC

Given name added from a supplemental report

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

(27) Filed Jan. 12, 1922 (28) B. F. Myers 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.

before the fifth month of pregnancy.

Model of Columbia, S. C.