

NOTE: PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN. No 1 first child No 2 etc. In question 5
 RECORD OF COLUMBIA, COLUMN 6 C

(1) PLACE OF BIRTH

County of Madison
 Township of Deerfield
 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

2267

Registration District No. 3701 Registered No. 3
 (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 Thelma Ollie May Valentine

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 9 1922
 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Sam Valentine
 9. PRESENT POSTOFFICE OF FATHER Essex R.F.D.
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 37 (Years)
 12. BIRTHPLACE D.C.
 13. OCCUPATION Farmer
 20. Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Camard
 (15) PRESENT POSTOFFICE OF MOTHER Essex R.F.D.
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE D.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Rebecca King
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Deerfield

Given name added from a supplemental report

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

(27) Filed Feb 10 1922 (28) H. M. O'Grady Local Registrar

*When there was no attending physician or midwife, then the father, mother, or other person, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. A report is desired of stillbirths before the fifth month of pregnancy.