

MARGIN RESERVED FOR INDEXING. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF A CHILD BORN WITH A DEFECTIVE PHYSIONOMY, NO. 4, THIS OFFICE, NO. 2, 407, IN QUESTION 5.

(1) PLACE OF BIRTH

County of Anderson
 Township of Warrenton
 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

3096

Registration District No. 311 Registered No. 12
 (For use of Local Registrar)

(2) Full Name of Child Unrecorded

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 2, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Dave Thompson
 (9) PRESENT POSTOFFICE OF FATHER Starr, S.C.
 (10) COLOR OR RACE Celous (11) AGE AT LAST BIRTHDAY 33 (Years)
 (12) BIRTHPLACE Anderson Co. S.C.
 (13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Maggie Smith
 (15) PRESENT POSTOFFICE OF MOTHER Starr, S.C.
 (16) COLOR OR RACE Celous (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE Anderson Co. S.C.
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth Six (21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:22 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P.)

(23) (Signature) Dr. W. H. Starr
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Starr, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by marks)
 (27) Filed Mar. 1, 1922 (28) J. A. Todd 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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