

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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.

MADE IN COLUMBIA: COLUMBIA, S. C.

Form No. 1

(1) PLACE OF BIRTH

County of Laurens
 Township of Hunter
 or
 Inc. Town of.....
 or
 City of.....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
35224

Registration District No. 22902 Registered No. 106
 (For use of Local Registrar)

(2) Full Name of Child Henry Suber

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 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 12 22
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Douglas Suber
 (9) PRESENT POSTOFFICE OF FATHER Clinton SC
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 19 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Laborer on farm
 (20) Number of children born to mother, including present birth 1

(14) NAME BEFORE MARRIAGE Izula Jacks
 (15) PRESENT POSTOFFICE OF MOTHER Clinton SC
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Same laborer
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Celia H. Glenn
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Clinton SC

Given name added from a supplemental report

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

(27) Filed Oct 16 22 (28) J. L. W. Bailey
 Registrar 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.