

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.

(1) PLACE OF BIRTH

County of Richland
 Township of
 or
 Inc. Town of Lawes
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20033

Registration District No. 8863

Registered No. L38
 (For use of Local Registrar)

(2) Full Name of Child

Josephine Cornish (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? ☒ GIRL (4) Twin or Triplet? ☐ (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH June 17, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Cornish
 (9) PRESENT POSTOFFICE OF FATHER Castaner
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE Castaner
 (13) OCCUPATION Working 24
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Williams
 (15) PRESENT POSTOFFICE OF MOTHER Cangaree
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 29 (Years)
 (18) BIRTHPLACE Cangaree
 (19) OCCUPATION Working
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Mary Davis (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed June 20, 1922 (28) J. R. Garcia 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.