

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 5536

(1) PLACE OF BIRTH

County of YORK
 Township of
 or
 Inc. Town of
 or
 City of Farmville

Registration District No. 4406

Registered No. 17
 (For use of Local Registrar)

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

(2) Full Name of Child

Frederic Mearns Long

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

(3) BOY OR GIRL Girl (4) Twin or Triplet X (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 15, 23
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Frederic Mearns Long
 (9) PRESENT POSTOFFICE OF FATHER Farmville
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26
 (12) BIRTHPLACE York Co. S.C.
 (13) OCCUPATION Teacher
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Eileen Mearns
 (15) PRESENT POSTOFFICE OF MOTHER Farmville
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Teacher
 (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 born alive or stillborn at 6:00 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Farmville

Given name added from a supplemental report
[Blank]
 1923
 Registrar

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

(27) Filed Mar 9 1923 (28) [Signature] 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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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 4.

Revised by Columbia, Columbia, S. C.

Form No. 6