

WRITE 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. THE OTHER, No. 2, etc., in question 5.
 B. M.—In case of COLUMBIAN, COLUMBIAN, S. C.

(1) PLACE OF BIRTH

County of York
 Township of Kings Mt
 or
 Inc. Town of Clower St
 or
 City of _____ (No. _____ St. _____ Ward _____)

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

File No.—For State Registrar Only
9556

Registration District No. 4407 Registered No. 12
 (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 Mary Armstrong (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? no (5) Number in order of birth 1st (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 25 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Mary Armstrong
 (9) PRESENT POSTOFFICE OF FATHER Clower St
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28
 (Year) (12) BIRTHPLACE York Co SC
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth Two

MOTHER.
 (14) NAME BEFORE MARRIAGE Thelia Grinn
 (15) PRESENT POSTOFFICE OF MOTHER Clower St
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 37
 (Year) (18) BIRTHPLACE York Co SC
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1:45 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm McNeill (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Clower St

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed "no")

(27) 1922 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.