

MARGIN RESERVED FOR INDEXING.

WRITE MAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
In a 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 6.

(1) PLACE OF BIRTH

County of Christopher
Township of Cherry
or
Inc. Town of.....
or
City of.....
(If birth occurs in a hospital or other institution, give name 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

791

Registration District No. 1201 Registered No. 12
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Jan 29 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Thomas Jones</u>			(14) NAME BEFORE MARRIAGE <u>Sella Chapman</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Cherry SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cherry SC</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>W</u>		
(12) BIRTHPLACE <u>SC</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)			
(13) OCCUPATION <u>Farmer</u>			(18) OCCUPATION <u>Farmer laborer</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Cherry
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Cherry SC

Given name added from a supplemental report
.....
.....
..... 19.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Jan 30 1922
(27) Filed Jan 30 1922 (28) P. Ingram
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.

Registrar
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Form No. 1

RECEIVED