

MARGIN RESERVED FOR BIRTH RECORDS
 WHEN PLACED, WITH NECESSARY RECORDS, IN A REGISTERED BOOK
 IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE PAGE FOR EACH CHILD, AND MARK THE
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Lancaster
 Township of Giles Creek
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
35173

Registration District No. 2804 Registered No. 209
 (For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Perla Lee (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>10 30 22</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Frank McMurtry</u>			(14) NAME BEFORE MARRIAGE <u>Carrie McMurtry</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Lancaster</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lancaster S.C.</u>	
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(12) BIRTHPLACE <u>Lancaster</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>Two</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) H. H. Hough
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife
Lancaster

Given name added from a supplemental report

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

(27) Filed 13 22 (28) Local Registrar
L. H. Hough

*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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RECEIVED OF COLUMBIA, COLUMBIA, S. C.