

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 Willacy
Township of Hope
or
Inc. Town of
or
City of
(If birth occurs in a hospital or other institution, give name of same instead 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
20435

Registration District No. 4301 Registered No. 69
(For use of Local Registrar)

(2) Full Name of Child No Name (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin Twin or Triplet? (5) Number in order of birth 2nd (6) Are Parents Married? yes (7) DATE OF BIRTH June 19, 22
(Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Charlie Scott (14) NAME BEFORE MARRIAGE Cora Whade
(9) PRESENT POSTOFFICE OF FATHER Greelyville S.C. (15) PRESENT POSTOFFICE OF MOTHER Greelyville S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26
(12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.
(13) OCCUPATION Farmer (19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jane Witherspoon (24) State whether Physician or Midwife (25) Address of Physician or Midwife Greelyville S.C.

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 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.

STATE OF COLUMBIA, COLUMBIA, S. C.