

MARGIN RESERVED FOR BINDING.  
 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 6.  
 DEPARTMENT OF COMMERCE, BUREAU OF VITAL STATISTICS, WASHINGTON, D. C.

(1) PLACE OF BIRTH

County of Orangeburg  
 Township of Hebron  
 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  
16223

Registration District No. 3608 Registered No. 31  
 (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 May Belle North (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 ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH May 22, 22  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME William North  
 (9) PRESENT POSTOFFICE OF FATHER North S.C.  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 37  
 (Years)  
 (12) BIRTHPLACE Orangeburg County  
 (13) OCCUPATION Farmer

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Minnie Baker  
 (15) PRESENT POSTOFFICE OF MOTHER North S.C.  
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 28  
 (Years)  
 (18) BIRTHPLACE Orangeburg County  
 (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 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Irldia J. J. J. (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife .....

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) .....  
 (27) Filed June 1, 22 (28) J. H. Livingston 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.