

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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 Highland
 Township of Lower
 OR
 Inc. Town of

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

File No.—For State Registrar Only

20026

Registration District No. 3803 Registered No. 1431
 (For use of Local Registrar)

(2) Full Name of Child

.....
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl (4) Twin or Triplet? Single (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH June 29, 1922
 To be answered only in event of Twins or Triplets (Time of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Charlie Stephens
 (9) PRESENT POSTOFFICE OF FATHER Hopkinsville
 (10) COLOR OR RACE color (11) AGE AT LAST BIRTHDAY 41
 (12) BIRTHPLACE South Carolina
 (13) OCCUPATION farm
 (20) Number of children born to mother, including present birth One

MOTHER.
 (14) NAME BEFORE MARRIAGE May Bell Cornish
 (15) PRESENT POSTOFFICE OF MOTHER Hopkinsville
 (16) COLOR OR RACE color (17) AGE AT LAST BIRTHDAY 44
 (18) BIRTHPLACE GA
 (19) OCCUPATION farm
 (21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4:45 P.M. on the date above stated. (Born alive or stillborn) (Hour of Day or P.M.)

(23) (Signature) Rebecca Korman
 (24) State whether Midwife Physician or Midwife (25) Address of Physician or Midwife Hopkinsville

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 7/6/22 (28) Miss W. Osburn 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.

FORM OF COLUMBIA, COLUMBIA, S. C.