

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 8.

MOCKAY OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Dillon  
Township of Becker  
or  
Inc. Town of .....  
or  
City of .....

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

Registration District No. 1606

File No.—For State Registrar Only

14670

Registered No. 41  
(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

Earl Jerome Tort

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1  
To be answered only in event of Twin or Triplets

(6) Are Parents Married? Yes (7) DATE OF BIRTH May 7 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Earl Jerome Tort  
(9) PRESENT POSTOFFICE OF FATHER Latta S.C. # 3  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27  
(Years) (12) BIRTHPLACE Dillon Co  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Victoria Allen  
(15) PRESENT POSTOFFICE OF MOTHER Latta S.C. # 3  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25  
(Years) (18) BIRTHPLACE Dillon Co  
(19) OCCUPATION Housewife  
(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 2 P.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. H. Pearson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Latta S.C.

Given name added from a supplemental report

See app. 5-4-48  
W. L. Poyner  
19 22  
Registrar

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

(27) Filed 6/5 19 22 (28) W. L. Poyner  
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.

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