

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		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>29145</b>	
County of <i>Calhoun</i>		Township of <i>Sandy Run</i>		Registration District No. <i>804</i>	
or Inc. Town of .....		or City of .....		Registered No. <i>35</i> (For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St.; .... Ward)			
(2) Full Name of Child <i>Lillie Mae Vinson</i>		If child is not yet named, make supplemental report as directed			
(3) <del>BOY OR</del> GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <i>Sept 15 1922</i> (Name of Month) (Day) (Year)	
FATHER <i>Vinson</i>		MOTHER <i>Lela Mae</i>			
(8) FULL NAME <i>Henry Vinson</i>		(14) NAME BEFORE MARRIAGE <i>Lillie Hilgard</i>			
(9) PRESENT POSTOFFICE OF FATHER <i>Pastor</i>		(15) PRESENT POSTOFFICE OF MOTHER <i>Pastor</i>			
(10) COLOR OR RACE <i>Negro</i>	(11) AGE AT LAST BIRTHDAY <i>38</i> (Years)	(16) COLOR OR RACE <i>Negro</i>	(17) AGE AT LAST BIRTHDAY <i>32</i> (Years)		
(12) BIRTHPLACE <i>Lexington</i>		(18) BIRTHPLACE <i>Lexington</i>			
(13) OCCUPATION <i>Farmer</i>		(19) OCCUPATION <i>Farmer</i>			
(20) Number of children born to mother, including present birth <i>7</i>		(21) Number of children of this mother now living, including present birth <i>7</i>			
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</b> (22) I hereby certify that I attended the birth of this child, who was <i>Barbara</i> at <i>4:30</i> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>Anna Vinson</i>		(25) Address of Physician or Midwife <i>Pastor</i>			
(24) State whether Physician or Midwife <i>Midwife</i>					
Given name added from a supplemental report		(26) Witness <i>B. E. Bellinger</i> (Signature of Witness necessary only when question 23 is signed by mark)			
..... 19 .....		(27) Filed <i>Sept 20 1922</i> (28) <i>J. B. Bellinger</i> Registrar 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.					

MECHANICAL COLUMBIA, S. C.