

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 IN NO. 1. THE OTHER, NO. 2, etc., in question 8.

(1) PLACE OF BIRTH
 County of Charlotte
 Township of Concord
 or
 Inc. Town of Concord S.C.
 or
 City of (No. St.; Ward)
 (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
730

Registered No. 3
 (For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 20, 22
 (To be answered only in event of Twins or Triplets) (Date of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME James M. Parity (14) NAME BEFORE MARRIAGE Eugene O. Ostron
 (9) PRESENT POSTOFFICE OF FATHER Concord S.C. (15) PRESENT POSTOFFICE OF MOTHER Concord S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39
 (18) BIRTHPLACE Charlotte County
 (19) OCCUPATION Domestic
 (20) Number of children born to mother, including present birth 1 13 (21) Number of children of this mother now living, including present birth 1 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. (Hour A. M. or P. M.) 3:30

(23) (Signature) J. N. Ostron (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Concord 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 2-6-22 (28) J. H. Hallie 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 No. 1

RECORD