

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 Edgefield  
Township of Chatham  
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

1111

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

City of ..... (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 .....

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 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 18 1922  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Walter H. Binder Samuel  
(9) PRESENT POSTOFFICE OF FATHER Ridge Spring  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)  
(12) BIRTHPLACE Saluda County  
(13) OCCUPATION Farmer  
20 Number of children born to mother, including present birth 1 2

(14) NAME BEFORE MARRIAGE Bridgeth Hallgren  
(15) PRESENT POSTOFFICE OF MOTHER Ridge Spring  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)  
(18) BIRTHPLACE Edgefield County  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was, born alive ..... at 10 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) P. J. Amos

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Physician, Anderson 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 ..... 19 ..... (28) ..... 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.