

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 6.

(1) PLACE OF BIRTH
 County of Darlington
 Township of Darlington
 or
 Inc. Town of
 or
 City of Darlington (Not St. George 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
 948

Registration District No. 1.3.0 Registered No. 12
 (For use of Local Registrar)

(2) Full Name of Child George Demetrios Mihailidis If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <u>1</u> <small>(to be answered only in case of twins or triplets)</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 25, 1922</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.		MOTHER.	
(8) FULL NAME <u>Georgios Mihailidis</u>	(14) NAME BEFORE MARRIAGE <u>Bonnie L. Mihailidis</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Darlington, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Darlington, S.C.</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Darlington, S.C.</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(16) COLOR OR RACE <u>White</u>	(16) AGE AT LAST BIRTHDAY <u>24</u> (Years)
(10) COLOR OR RACE <u>White</u>	(12) BIRTHPLACE <u>Sparta, Greece</u>	(17) BIRTHPLACE <u>Darlington, S.C.</u>	(18) BIRTHPLACE <u>Darlington, S.C.</u>
(13) OCCUPATION <u>Ice Cream Manufacturer</u>	(19) OCCUPATION <u>at home</u>	(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive, at 12:10 P. M. (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) E. P. Edwards
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Darlington, S.C.

Given name added from a supplemental report

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
E. P. Edwards
 (27) Filed Feb. 1, 1922 (28) E. P. Edwards 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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