

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 5.

(1) PLACE OF BIRTH  
County of **Darlington**  
Township of **Hartsville**  
or  
Inc. Town of.....  
or  
City of.....  
(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  
**981**

Registration District No. **1502** Registered No. **7**  
(For use of Local Registrar)  
St. .... Ward)  
(No. .... St. .... Ward)  
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child

(3) BOY OR GIRL? **Boy** (4) Twin or Triplet? (5) Number in order of birth  
To be answered only in event of Twins or Triplets  
**FATHER.**  
(6) FULL NAME **Don't Know**  
(7) PRESENT POSTOFFICE OF FATHER **N N**  
(8) COLOR OR RACE (9) AGE AT LAST BIRTHDAY (Years)  
(10) BIRTHPLACE **N N**  
(11) OCCUPATION **N N**  
(12) Number of children born to mother, including present birth **1**

(13) Are Parents Married? **No.** (14) DATE OF BIRTH **Jan 28/22**  
(Name of Month) (Day) (Year)  
**MOTHER.**  
(15) NAME BEFORE MARRIAGE **Lillie Stuckey**  
(16) PRESENT POSTOFFICE OF MOTHER **Hartsville, S. C.**  
(17) COLOR OR RACE **B.** (18) AGE AT LAST BIRTHDAY (Years)  
(19) BIRTHPLACE **S. C.**  
(20) OCCUPATION **House-work**  
(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 **alive** at **10** M.  
on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)  
(23) (Signature) **Priscilla Copeland**  
(24) State whether Physician or Midwife **Midwife**  
(25) Address of Physician or Midwife **Hartsville, 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 **Jan 29 22** (28) Local Registrar **N. J. McQueen**

\*When there was no attending physician or midwife, (born to 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.  
If a child breathes even once before the fifth month of pregnancy, (this return births