

THIS FORM IS TO BE FILLED OUT BY THE REGISTRAR OR HIS ASSISTANT. IT IS A PERMANENT RECORD. IT IS NOT TO BE DESTROYED. IT IS TO BE KEPT IN A SEPARATE BLANK BOOK 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><br>STATE OF SOUTH CAROLINA<br>Bureau of Vital Statistics<br>State Board of Health |   | File No.—For State Registrar Only<br><b>2716</b>                    |  |
| County of <u>Williamsburg</u><br>Township of <u>Penn</u><br>or<br>Inc. Town of .....<br>or<br>City of .....   |   | Registration District No. <u>4308</u>   |   | Registered No. <u>3</u><br>(For use of Local Registrar)             |  |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.)   |   |   |   |   |  |
| (2) Full Name of Child <u>Jessie Muller</u>   |   |   |   |   |  |
| If child is not yet named, make supplemental report as directed   |   |   |   |   |  |
| (3) BOY OR GIRL <u>Boy</u>  | (4) Twin or Triplet?<br>To be answered only in event of Twins or Triplets | (5) Number in order of birth  | (6) Are Parents Married? <u>Yes</u>   | (7) DATE OF BIRTH <u>Jan 8th 22</u><br>(Size of Month) (Day) (Year) |  |
| FATHER.   |   |   | MOTHER.   |   |  |
| (8) FULL NAME <u>John Miller</u>  |   |   | (14) NAME BEFORE MARRIAGE <u>Corine Barr</u>  |   |  |
| (9) PRESENT POSTOFFICE OF FATHER <u>Salters Depot, S.C.</u>   |   |   | (15) PRESENT POSTOFFICE OF MOTHER <u>Salters Depot, S.C.</u>                          |   |  |
| (10) COLOR OR RACE <u>negro</u>   | (11) AGE AT LAST BIRTHDAY <u>28</u><br>(Year)                             | (16) COLOR OR RACE <u>negro</u>   |   |   |  |
| (12) BIRTHPLACE <u>Williamsburg co. S.C.</u>  | (17) AGE AT LAST BIRTHDAY <u>24</u><br>(Year)                             |   |   |   |  |
| (13) OCCUPATION <u>Farmer</u>   | (18) BIRTHPLACE <u>Williamsburg co. S.C.</u>                              |   |   |   |  |
| (20) Number of children born to mother, including present birth <u>4</u>  |   |   | (21) Number of children of this mother now living, including present birth <u>2</u>   |   |  |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  |   |   |   |   |  |
| (22) I hereby certify that I attended the birth of this child, who was <u>Born</u> <u>alive</u> at <u>10:30</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)   |   |   |   |   |  |
| (23) (Signature) <u>Father</u>  |   |   | (25) Address of Physician or Midwife  |   |  |
| (24) State whether Physician or Midwife   |   |   |   |   |  |
| Given name added from a supplemental report:  |   |   | (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) |   |  |
| 19 _____ Registrar  |   |   | (27) Filed <u>Jan 11th 22</u> (28) <u>A. R. Moreley</u> 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. |   |   |   |   |  |

RECORD OF COLUMBIA, S. C.