

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.
 BECAUSE OF COLUMBIA, S. C.

(1) PLACE OF BIRTH County of <u>Chester</u> Township of <u>Rossville</u> or Inc. Town of 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 ATTENDING PHYSICIAN OR MIDWIFE STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;">3648</div>	
Registration District No. <u>1107</u>		Registered No. <u>19</u> (For use of Local Registrar)			
(2) Full Name of Child If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Boy</u>		(4) Twin or Triplet? To be answered only in event of Twins or Triplets		(5) Age Parents Married? <u>Yes</u>	
(6) DATE OF BIRTH <u>Feb 1</u> 19 <u>22</u> (Name of Month) (Day) (Year)					
FATHER.			MOTHER.		
(8) FULL NAME <u>Clyde Killian</u>			(14) NAME BEFORE MARRIAGE <u>Bertha Wilson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Great Falls S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Great Falls</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)		
(12) BIRTHPLACE <u>Rutherford Co., N.C.</u>			(18) BIRTHPLACE <u>Chester Co., S.C.</u>		
(13) OCCUPATION <u>mill work</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>1 One</u>			(21) Number of children of this mother now living, including present birth <u>1 One</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>S. A. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>J. B. McKeown M.D.</u>					
(24) State whether Physician or Midwife <u>Physician or Midwife</u>					
(25) Address of Physician or Midwife <u>Great Falls S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)		
..... 19 Registrar			(27) Filed <u>2/14</u> 19 <u>22</u> (28) <u>R. J. McKeown</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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.					