

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH EXAMINING INK—THIS IS A PERMANENT RECORD, and mark the M. D.—in case of TWINS or TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, in question 5.

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
12304

(1) PLACE OF BIRTH
County of Transylvania
Township of City
or
Inc. Town of Transylvania
or
City of Transylvania
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 36-a Registered No. 69
(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child Unborn
If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth
To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes (7) DATE OF BIRTH Mar. 10, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Fred Benj. Castleberry
(9) PRESENT POSTOFFICE OF FATHER Transylvania, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28
(Year) (12) BIRTHPLACE S.C.
(13) OCCUPATION Mail Clerk
(14) NAME BEFORE MARRIAGE Rebecca Steiger
(15) PRESENT POSTOFFICE OF MOTHER Transylvania
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
(Year) (18) BIRTHPLACE S.C.
(19) OCCUPATION House work
(20) Number of children born to mother, including present birth 4
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive (born alive or stillborn) (Date Mar. 10, 1922)
on the date above stated.

(23) (Signature) J. D. Lippin
(24) State whether Physician or Midwife Physician
(25) Address of Physician or Midwife Transylvania, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 573 19 22 (28) William H. Lippin 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.