

WHITE PLAINS, WITH UNPAID INC.—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS, SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
 S. C. 1910

(1) PLACE OF BIRTH

County of Sumter
 Township of Wm. L. L. L.
 or
 Inc. Town of.....
 City of.....

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

File No.—For State Registrar Only
2585

Registration District No. 4403 Registered No. 9
 (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 May Colbough

If child not yet named, make supplemental report as directed

(3) BOY OR GIRL gal (4) Twin or Triplet? No (5) Age at birth 7w (6) Sex Female (7) DATE OF BIRTH Jan 18 1922
 To be answered only in case of Twins or Triplets (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21)

FATHER.

(3) FULL NAME ?
 (4) PRESENT POSTOFFICE OF FATHER ?
 (10) COLOR OR RACE ? (11) AGE AT LAST BIRTHDAY.....
 (12) BIRTHPLACE ?
 (13) OCCUPATION ?

MOTHER.

(14) NAME BEFORE MARRIAGE Gracie Colbough
 (15) PRESENT POSTOFFICE OF MOTHER R 3 Sumter
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY.....
 (18) BIRTHPLACE ?
 (19) OCCUPATION Dom. Help

(20) Number of children born to mother, including present birth 1
 (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..... at 1:45 on the date above stated. (Hour, A. M. or P. M.)

(23) (Signature) John C. Chalkley
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Sumter 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 20 1922 (28) Local Registrar M. H. Cole

*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.