

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH County of <u>Hampton</u> Township of <u>Richfield</u> or Inc. Town of 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 49443	
(2) Full Name of Child <u>Lucile M. Moxson</u>		Registration District No. <u>2407</u>		Registered No. <u>36</u> (For use of Local Registrar)	
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>1</u> <small>To be answered only in event of Twin or Triplet's</small>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 22</u> <small>(Name of Month) (Day) (Year)</small>	
FATHER.			MOTHER.		
(8) FULL NAME <u>L. Moxson</u>			(14) NAME BEFORE MARRIAGE <u>Nettie Cook</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Varnville 32</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Varnville</u>		
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>20</u> <small>(Years)</small>		
(12) BIRTHPLACE <u>Hampton Co</u>			(18) BIRTHPLACE <u>Hampton Co</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>House work</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>4 P</u> M. on the date above stated. <small>(Born alive or stillborn) (Hour & M. or P. M.)</small>					
(23) (Signature) <u>Sula Smith</u> <u>midwife</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife					
Given name added from a supplemental report			(26) Witness		
....., 191.....			(Signature of Witness necessary only when question 22 is signed by marks)		
Registrar			(27) Filed <u>7/28</u> 191..... (28) <u>H. W. Rogers</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.