

(1) PLACE OF BIRTH

County of Union
 Township of Boysville
 or
 Inc. Town of
 or
 City of Buffalo
 (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
32557

Registration District No. 42B Registered No. 61
 (For use of Local Registrar)

(2) Full Name of Child Samie Ruth Easter (No. St. Ward)
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 7 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME John M. F. Easter
 (9) PRESENT POSTOFFICE OF FATHER Buffalo S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36
 (Year)
 (12) BIRTHPLACE Spartanburg S.C.
 (13) OCCUPATION mill work

MOTHER.
 (14) NAME BEFORE MARRIAGE Elsie Robinson
 (15) PRESENT POSTOFFICE OF MOTHER Buffalo S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32
 (Year)
 (18) BIRTHPLACE North Carolina
 (19) OCCUPATION Domestic
 (20) Number of children born to mother, including present birth 4
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:20 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. R. Harrison
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Buffalo 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 Oct 10 1922 (28) J. R. Harrison 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.

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.
 MCGRAW HILL BOOK CO., COLUMBIA, S. C.