

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.  
 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 3.

Revised by Columbia, Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar	
STATE OF SOUTH CAROLINA		Bureau of Vital Statistics		055	
State Board of Health		Registration District No. 13-D		Registered No. 4	
County of <u>Dorchester</u>		Township of <u>Holville</u>		(For use of Local Registrar)	
City of <u>Holville</u>		(No. <u>13-D</u> )		Registered No. <u>4</u>	
(If birth occurs in a hospital or other institution give name of same instead of street and number.)		If child is not yet named, make supplemental report as directed			
(2) Full Name of Child <u>John Edwin Radcliff</u>					
(3) BOY OR GIRL <u>BOY</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>16-2-22</u>	
To be answered only in event of Twins or Triplets		(Name of Month) (Day) (Year)			
FATHER			MOTHER		
(8) FULL NAME <u>B. E. Radcliff</u>			(14) NAME BEFORE MARRIAGE <u>W. C. Radcliff</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Holville, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Holville, S.C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>26</u>			(17) AGE AT LAST BIRTHDAY <u>21</u>		
(12) BIRTHPLACE <u>Dorchester Co. S.C.</u>			(18) BIRTHPLACE <u>Union Co. N.C.</u>		
(13) OCCUPATION <u>Clerk in Grocery Store</u>			(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</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>9 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>J. B. Beckham</u>					
(24) State, whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Holville, S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
(27) Filed <u>Jan 16 1922</u>			(28) Local Registrar <u>M. J. McKeen</u>		
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.					

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