

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.

(1) PLACE OF BIRTH

County of Calhoun
Township of Amelia
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

29114

Registration District No. 800 Registered No. 123
(For use of Local Registrar)

No. St. Ward
(If birth occurs in a hospital or institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 12 22
(Name of month) (Day) (Year)

FATHER.
(8) FULL NAME Henry Maultrie
(9) PRESENT POSTOFFICE OF FATHER Fort Mott S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27
(12) BIRTHPLACE Calhoun Co
(13) OCCUPATION Farm laborer
(20) Number of children born to mother, including present birth One

MOTHER.
(14) NAME BEFORE MARRIAGE Julia Glover
(15) PRESENT POSTOFFICE OF MOTHER Fort Mott S.C.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22
(18) BIRTHPLACE Calhoun Co
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child who was born alive at Fort Mott S.C. on the date above stated. (Born alive or stillborn) (Your A.M. or P.M.)

(23) (Signature) Rachel Knight
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Fort Mott

Given name added from a supplemental report
(26) Witness J. C. Woodley Signature of Witness necessary only when question 23 is signed by mark
(27) Filed Oct 4 1922 (28) A. R. Able 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.

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MOBAY OF COLUMBIA, COLUMBIA, B. C.

N. B. C.