

MARGIN RESERVED FOR INDEXING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the
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.

(1) PLACE OF BIRTH

County of Richland

Township of

or
Inc. Town of

or
City of Columbia

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Charles Guy Castle Jr.

(3) BOY OR GIRL Boy

(4) Twin or Triplet? —
To be answered only in case of Twins or Triplets

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Sept 10, 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Chas. Guy Castle
(9) PRESENT POSTOFFICE OF FATHER Myers S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Year)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Mary Elizabeth White
(15) PRESENT POSTOFFICE OF MOTHER Myers S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Year)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(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 Alive at 1 A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Chas. J. Boardman

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Columbia S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)

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(27) Filed Oct 1, 1922 (28) S. C. M. Bryan 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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