

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
IN CASE OF TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the
No. 1 in case of FIRST-BORN, No. 2, etc., in question 6.

(1) PLACE OF BIRTH.

County of Guernsey
Township of
or
Inc. Town of
City of Guernsey
(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
42585

Registration District No. 32 A Registered No. 638
(For use of Local Registrar)

(2) Full Name of Child May Elizabeth Fiddle
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL 7 (4) Twin or Triplet? 1 (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 24 22
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Wm Laver Fiddle
(9) PRESENT PLACE OF FATHER Guernsey S.C.
(10) COLOR OR RACE W
(11) AGE AT LAST BIRTHDAY 22
(Year)
(12) BIRTHPLACE Guernsey S.C.
(13) OCCUPATION Auto Mechanic
(20) Number of children born to mother, including present birth 1

MOTHER
(14) NAME BEFORE MARRIAGE May Ida Longley
(15) PRESENT PLACE OF MOTHER Guernsey S.C.
(16) COLOR OR RACE W
(17) AGE AT LAST BIRTHDAY 22
(Year)
(18) BIRTHPLACE Guernsey S.C.
(19) OCCUPATION House wif
(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 White (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) H. M. Smith (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report:

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

(27) Filed Jan 2 23 (28) H. M. Smith 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.

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.