

MARYLAND REGISTERED
 WITH PLAIN, WITH UNPLAIN, WITH A PERMANENT RECORD.
 M.D. 2-2-20 OF MARYLAND. TRIPLET 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 Jefferson
 Township of
 or
 Inc. Town of
 or
 City of
 (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
23063

Registration District No. 3109 Registered No. 46
 (For use of Local Registrar)
 (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Aug 10, 1922</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Jermain Giles</u>			(14) NAME BEFORE MARRIAGE <u>Leola Nelson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Lexington, SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lexington SC</u>	
(10) COLOR OR RACE <u>Negro</u>		(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE <u>Negro</u>	
(12) BIRTHPLACE <u>Lex Co</u>			(17) AGE AT LAST BIRTHDAY (Years) <u>16</u>	
(13) OCCUPATION <u>Laborer</u>			(18) BIRTHPLACE <u>Lex Co</u>	
(19) OCCUPATION			(21) Number of children of this mother now living, including present birth	
(20) Number of children born to mother, including present birth				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. N. Matthews
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife Lexington

Given name added from a supplemental report

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

(27) Filed Aug 10 1922 (28) Mrs C. E. Taylor
 Registrar 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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