

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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 York  
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  
**6535**

Registration District No. 380 Registered No. 12  
(For use of Local Registrar)

(2) Full Name of Child ..... (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 2 6) Are Parents Married? yes 7) DATE OF BIRTH Feb 26 1922  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME John Brown  
(9) PRESENT POSTOFFICE OF FATHER Irmo SC  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21 (Years)  
(12) BIRTHPLACE Irmo SC  
(13) OCCUPATION Lumber  
(20) Number of children born to mother, including present birth 2

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Marion Lee King  
(15) PRESENT POSTOFFICE OF MOTHER Irmo SC  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19 (Years)  
(18) BIRTHPLACE Irmo SC  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. E. Martin (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Irmo SC

Given name added from a supplemental report

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

(27) Filed June 14 1922 (28) J. C. Shirley 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.