

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.

McGraw-Hill, Columbia, S. C.

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

File No.—For State Registrar Only
28510

County of Corry
 Township of Liddy Swamp
 Inc. Town of
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 203 Registered No. 43
 (For use of Local Registrar)

(No. St.; Ward)

(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? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 9, 22</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Clarence Lucien</u>			(14) NAME BEFORE MARRIAGE <u>Concha McNamee</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Wagoner</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Wagoner</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>I. C.</u>		(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)		
(13) OCCUPATION <u>Farmer</u>			(18) OCCUPATION <u>House Wife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Wagoner

Given name added from a supplemental report

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

(27) Filed Sept 20, 22 (28) [Signature]
 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.