

N. H.—in case of TAYLOR OR "BROTHER," use a MEDICAL BATHING BOIL EACH CHILD, and mark the FIRST-BORN, N. F. THE OTHER, No. 2, etc. in question 6.

FOOTNOTES:—

REMEMBERED TO BE FOR THE BENDING.

WHETHER PLAINLY, WITH A NEW PAVING IN THE MIDDLE OF THE ROAD, AND MARK THE FIRST-BORN, N. F. THE OTHER, No. 2, etc. in question 6.

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

**File No.—For State Registrar Only**  
**20198**

Registration District No. 407 Registered No. 23  
(For use of Local Registrar)

**(2) Full Name of Child**

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

(7) DATE OF

BIRTH June 12 1922  
(Name of Month) (Day) (Year)

**FATHER.**

**MOTHER**

FATHER.

MOTHER.

George & C. RFI

Encore R. F. D.

(11) AGE AT LAST BIRTHDAY.....20.....  
(Years)

— hite

(17) AGE AT LAST BIRTHDAY.....24.....  
(Years)

12. BIRTHPLACE

Pickens Co.

**(18) BIRTHPLACE**

Harmonizing Co.

13. OCCUPATION

—  
L. 220000

**(10) OCCUPATION**

Domestic

20) Number of children born to mother, including present birth

5-

(21) Number of children of this mother now living, including present birth

4

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

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

**(23) (Signature)**

C. D. Hanner

(24) State whether Physician or Midwife

1 (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed June 17 1928 (28) 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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