

## (1) PLACE OF BIRTH

County of Marion

Township of .....

or Inc. Town of Mullins

or City of .....

(No. .... St.; .... Ward)

(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

4971

Registration District No. 37BRegistered No. .... 9 .....

(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? <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>Yes</u>	(7) DATE OF BIRTH <u>Jan 31</u> 19 <u>22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>John Gray Bernille</u>			(14) NAME BEFORE MARRIAGE <u>Lillie Jones</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Mullins SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Mullins SC</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>45</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>43</u> (Years)	
(12) BIRTHPLACE <u>Marion County SC</u>			(18) BIRTHPLACE <u>Marion County SC</u>	
(13) OCCUPATION <u>Married Carrier</u>			(19) OCCUPATION <u>House work</u>	
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... Born alive at 9:30 A.M. on the date above stated. (Born alive or stillborn) (Hour (A. M. or P. M.))(23) (Signature) J. H. Smith M.D.

(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 Feb 7 1922 (28) J. H. 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.

before the fifth month of pregnancy.

MARGIN RESERVED FOR INDEXING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWIN or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. Fill others, No. 2, etc., in question 5.

MEDICAL DEPARTMENT, COLUMBIA, S. C.