

MARGENT RESERVED FOR BIDDING.
 THIS FORM IS TO BE FILLED BY A PERMANENT RESIDENT
 OF THE STATE OF SOUTH CAROLINA, AND SHALL BE
 RETURNED TO THE STATE OF SOUTH CAROLINA, FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 8.
 BEGON OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH County of <u>Clarendon</u> Township of <u>St. Marks</u> or Inc. Town of 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 <div style="border: 1px solid black; padding: 5px; display: inline-block;">3747</div>	
(2) Full Name of Child <u>John Tracy Childers</u> (If child is not yet named, make supplemental report as directed)		Registration District No. <u>1910</u> Registered No. <u>9</u> (For use of Local Registrar)			
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 28, 1922</u> (Type of Month) (Day) (Year)	
FATHER. (8) FULL NAME <u>John Tracy Childers</u> (9) PRESENT POSTOFFICE OF FATHER <u>Lowiston S.C.</u> (10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>39</u> (12) BIRTHPLACE <u>S.C.</u> (13) OCCUPATION <u>Farming</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Clara Elizabeth Scott</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Lowiston S.C.</u> (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>29</u> (18) BIRTHPLACE <u>S.C.</u> (19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>4</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 <u>born alive</u> at <u>H. O.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Laura Nelson</u> (24) State whether Physician or Midwife <u>M.D.</u>		(25) Address of Physician or Midwife <u>Lowiston S.C.</u>			
Given name added from a supplemental report		(26) Witness <u>W. T. P. Spott</u> (Signature of Witness necessary only when question 23 is signed by mark)			
19..... Registrar		(27) Filed <u>Feb 14</u> 1922 (28) <u>W. T. P. Spott</u> 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.