

MARGIN RESERVED FOR BINDING.
 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.

Form No. 1

(1) PLACE OF BIRTH

County of Sumter
 Township of Marionville
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

36555

Registration District No. 4102

Registered No. 74
 (For use of Local Registrar)

(2) Full Name of Child

Josephine Green (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) Boy or Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Sept 20 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) Full Name John Green
 (9) PRESENT POSTOFFICE OF FATHER Marionville
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 26 (Years)
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 13

MOTHER.
 (14) NAME BEFORE MARRIAGE Josephine Green
 (15) PRESENT POSTOFFICE OF MOTHER Marionville SC
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE SC
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 13

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) Susan E. Carpenter
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Marionville SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Sept 20 1922 (28) Local Registrar John Green

*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.

RECORD OF COLUMBIA, COLUMBIA, S. C.