

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.

**(1) PLACE OF BIRTH**  
 County of Cherokee  
 Township of Storrs  
 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  
**18202**

Registration District No. 110 Registered No. 42  
 (For use of Local Registrar)

**(2) Full Name of Child** Magnus Avery (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>Five</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 10, 1922</u> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**

(8) FULL NAME Ake Avery

(9) PRESENT POSTOFFICE OF FATHER Cherow

(10) COLOR OR RACE Caucasoid

(11) AGE AT LAST BIRTHDAY 34  
(Years)

(12) BIRTHPLACE Storrs

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

**MOTHER.**

(14) NAME BEFORE MARRIAGE Katy Miller

(15) PRESENT POSTOFFICE OF MOTHER Cherow

(16) COLOR OR RACE Caucasoid

(17) AGE AT LAST BIRTHDAY 30  
(Years)

(18) BIRTHPLACE Storrs

(19) OCCUPATION Farmer

(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) Charlotte Smith  
 (24) State whether Physician or Midwife  
 (25) Address of Physician or Midwife

Given name added from a supplemental report  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ 19 \_\_\_\_\_  
 Registrar

(26) Witness \_\_\_\_\_  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed June 10, 1922 (28) J. J. 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.

MCGRAW OF COLUMBIA, COLUMBIA, S. C.