

WRITE PLAINS, 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 York
Township of H. Mill
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
20547

Registration District No. 440 Registered No. 37
(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Charles Clifford Talley (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 26, 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Jessie Lee Talley
(9) PRESENT POSTOFFICE OF FATHER H. Mill, S.C.
(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE N.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Margaret Catherine (Blackburn)
(15) PRESENT POSTOFFICE OF MOTHER H. Mill
(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE H. Mill
(19) OCCUPATION House
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 4 M., on the date above stated. (Born alive or stillborn. (Hour A. M. or P. M.))

(23) (Signature) J. R. Graham (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Rock Hill, S.C.

Given name added from a supplemental report
Mrs. Woodard, M.
8125142 19 22 Registrar

(26) Witness (Signature of Witness necessary only when question 27 is signed by mark) J. R. Graham
(27) Filed 6/1 19 22 (28) J. R. Graham 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.