

WRITE PLAINLY. WITH ENFADING 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

Township of

or

Inc. Town of

or

City of

(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

3668

Registration District No. 1201 Registered No. 19

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb 18, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Mc Roy

(9) PRESENT POSTOFFICE OF FATHER

Chowan SC

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

40

(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Martha Caraway

(15) PRESENT POSTOFFICE OF MOTHER

Chowan SC

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

40

(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Farm laborer

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

1 4

(21) Number of children of this mother now living, including present birth

1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Charles H. Hinderburt

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Chowan SC

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Feb 20, 1922

(28) 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.

Registrar

Local Registrar

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