

Form No. 5. MARGIN RESERVED FOR BINDING. WRITE PLAINLY. WITH ENFADING INK—THIS IS A PERMANENT RECORD. 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 Christiansburg
 Township of Chum. Mass.
 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
3668

Registration District No. 1201 Registered No. 19.....
 (For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 18 1922</u> (Name of Month) (Day) (Year)
FATHER. (8) FULL NAME <u>John Mc Roy</u> (9) PRESENT POSTOFFICE OF FATHER <u>Chumaw SC</u> (10) COLOR OR RACE <u>Blk</u> (11) AGE AT LAST BIRTHDAY <u>40</u> (Years) (12) BIRTHPLACE <u>SC</u> (13) OCCUPATION <u>Farmer</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Martha Caraway</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Chumaw SC</u> (16) COLOR OR RACE <u>Blk</u> (17) AGE AT LAST BIRTHDAY <u>40</u> (Years) (18) BIRTHPLACE <u>SC</u> (19) OCCUPATION <u>Farm laborer</u>	
(20) Number of children born to mother, including present birth <u>1</u> <u>4</u>			(21) Number of children of this mother now living, including present birth <u>1</u> <u>3</u>	

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. Underburt
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Chumaw SC

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 Feb 20 1922 (28) O. B. Ingram
 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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