

MARGIN RESERVED FOR INDEXING. WHEN PLAINLY, WITH UNFADING INK—WHEN IN A PERMANENT RECORD. N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the PRINT-NO. No. 1. THIS OTHER, No. 2, etc., in question 5.

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

File No.—For State Registrar Only
41146

(1) PLACE OF BIRTH
 County of Cathoun
 Township of Lau Can
 or
 Inc. Town of
 or
 City of

Registration District No. S.P.I. Registered No. 121
 (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 Minnie La Hagood If child is not yet named, make supplemental report as directed

3 SEX OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 11 1922
 (Name of Month) (Day) (Year)

FATHER.
 9 FULL NAME Henry Hagood
 10 PRESENT POSTOFFICE OF FATHER St. Matthew
 (10) COLOR OR RACE cl 15 20 (11) AGE AT LAST BIRTHDAY 46 (Years)
 12 BIRTHPLACE S.C.
 13 OCCUPATION Farm hand
 20 Number of children born to mother, including present birth 9

MOTHER.
 (14) NAME BEFORE MARRIAGE Rovanna Perez
 (15) PRESENT POSTOFFICE OF MOTHER St. Matthew
 (16) COLOR OR RACE cl 15 20 (17) AGE AT LAST BIRTHDAY 47 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Farm hand
 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wella X M. C. Lendon (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec 24 1922 (28) J. H. Mink 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.

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