

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. II.—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 Beaufort
Township of Bluffton
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

29005

Registration District No. 601 Registered No. 22
(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 Not Named If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH July 9, 1922
(Name of Month) (Day) (Year)

FATHER,

(8) FULL NAME Not Known
(9) PRESENT POSTOFFICE OF FATHER "
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY..... 1 (Year)
(12) BIRTHPLACE Bluffton Beaufort Co.,
(13) OCCUPATION { }

MOTHER,

(14) NAME BEFORE MARRIAGE Annie Howard
(15) PRESENT POSTOFFICE OF MOTHER Bluffton, SC
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY..... 24 (Year)
(18) BIRTHPLACE Beaufort County
(19) OCCUPATION Farming & housework
(20) Number of children born to mother, including present birth 1
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Fusion
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bluffton, SC

Given name added from a supplemental report

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

(27) Filed Sept 30, 1922 (28) W. F. 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.