

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING 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.

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Form No. 1

(1) PLACE OF BIRTH

County of Saluda
Township of No. 6
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.)

(2) Full Name of Child Luther Huelals Styron

(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 5, 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Luther Styron
(9) PRESENT POSTOFFICE OF FATHER Chappells, SC
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE Saluda co.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 4

MOTHER.
(14) NAME BEFORE MARRIAGE Mattie Burnett
(15) PRESENT POSTOFFICE OF MOTHER Chappells, SC
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)
(18) BIRTHPLACE Saluda
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) S. W. Koon
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Styron, SC

Given name added from a supplemental report

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

(27) Filed July 10, 1922 (28) S. W. Koon 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.

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

File No.—For State Registrar Only
20057

Registration District No. 3905 Registered No. 43
(For use of Local Registrar)