

MAINTAIN LEGIBILITY FOR BINDING.
 IN THE CASE OF TWINS OR TRIPLETS, THE REGISTRAR MUST BE INFORMED OF THE DATE OF BIRTH OF EACH CHILD, AND MARK THE
 PRINT-HOUR, No. 1, THIS OTHER, No. 2, ETC., IN QUESTION 8.

(1) PLACE OF BIRTH

County of Auderson
 Township of Garrison
 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

3104

Registration District No. 315 Registered No. 4
 (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

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? - (5) Number in order of birth - (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 17, 22
 To be answered only in event of Twins or Triplets (Month of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME G. A. Bagwell
 (9) PRESENT POSTOFFICE OF FATHER Liberty, L.C. R#1
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44
 (12) BIRTHPLACE L.C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 14

(14) NAME BEFORE MARRIAGE Emma Pace
 (15) PRESENT POSTOFFICE OF MOTHER Liberty, R#1
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34
 (18) BIRTHPLACE L.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 14

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, M. or P.M.)

(23) (Signature) J. E. Allgood
 (24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Liberty, L.C.

Given name added from a supplemental report

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

(27) Filed 3/1/22 at 22 (28) M. L. Casey
 Registrar 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.