

SEARCHED INDEXED SERIALIZED FILED
 MAR 2 1923
 N H.—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
 MECHANICAL DIVISION, CAROLINA B. C.

(1) PLACE OF BIRTH
 County of Spartanburg
 Township of Pacolet
 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
2529

Registration District No. 4006 Registered No. 8
 (For use of Local Registrar)

(2) Full Name of Child Samuel Milan (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>1-23-22</u> (Name of Month) (Day) (Year)
------------------------------	---------------------	-----------------------------	---------------------------------------	--

FATHER.		MOTHER.	
8) FULL NAME <u>J. B. Arnold</u>	14) NAME BEFORE MARRIAGE <u>Eva Crawford</u>	15) PRESENT POSTOFFICE OF FATHER <u>Trounch S.C.</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Trounch S.C.</u>
9) PRESENT POSTOFFICE OF FATHER <u>Trounch S.C.</u>	10) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>30</u> (Year)	16) COLOR OR RACE <u>White</u>
12) BIRTHPLACE <u>S.C.</u>	17) AGE AT LAST BIRTHDAY <u>29</u> (Year)	18) BIRTHPLACE <u>S.C.</u>	19) OCCUPATION <u>Housewife</u>
13) OCCUPATION <u>Laundryman</u>	20) Number of children born to mother, including present birth <u>4</u>	21) Number of children of this mother now living, including present birth <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 1 P.M.
 on the date above stated. (Born alive or stillborn. (Hour of M. or P. M.))

(23) (Signature) M. S. Kuyper
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife
Pacolet, S.C.

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 2-1-22 (28) M.W. Brown
 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.

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.