

MARGIN RESERVED FOR BINDING.

WHEN PLACING WITH UNPAIDING THIS IS A PERMANENT RECORD.
 IF A MALE AT TWINS OR TRIPLETS AND A SEPARATE REPORT FOR EACH CHILD.
 FIRST-BORN, No. 1. THE OTHER, No. 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20.

(1) PLACE OF BIRTH
 County of Clarendon
 Township of Concord
 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
33800

Registration District No. 1302 Registered No. 91
 (For use of Local Registrar)

(2) Full Name of Child Rosena Dougherty (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 12, 1922
 (Name) (Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	<u>Redford Dougherty</u>		(14) NAME BEFORE MARRIAGE	<u>Sarah Mark</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Summerton, S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Summerton, S.C.</u>	
(10) COLOR OR RACE	<u>col</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(16) COLOR OR RACE	<u>col</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)
(12) BIRTHPLACE	<u>Clarendon Co</u>		(18) BIRTHPLACE	<u>Clarendon Co</u>	
(13) OCCUPATION	<u>Farmer</u>		(19) OCCUPATION	<u>Home & Field</u>	
(20) Number of children born to mother, including present birth	<u>6</u>		(21) Number of children of this mother now living, including present birth	<u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rosena Dougherty
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Summerton, S.C.

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by parent)
 (27) Filed Oct 28, 1922 (28) H. E. Richbourg 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.

McCAW OF COLUMBIA, COLUMBIA, S. C.