

MARGIN RESERVED FOR INDEXING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 2.

(1) PLACE OF BIRTH

County of Charleston
 or
 Township of Sullivan's Island
 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

652

Registration District No. 912 Registered No. 127
 (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 Beatrice White

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

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? No (7) DATE OF BIRTH Jan 1 19 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe White
 (9) PRESENT POSTOFFICE OF FATHER Sullivan's Island
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 34 (Years)
 (12) BIRTHPLACE Christ Church
 (13) OCCUPATION Day Labor
 (20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Lucina White
 (15) PRESENT POSTOFFICE OF MOTHER Sullivan's Island
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE Christ Church
 (19) OCCUPATION Cousin
 (21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4:15 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Sarah Ann Williams
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

 19
 Registrar

(26) Witness W. H. Williams
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jan 19 19 22 (28) Chas. H. Williams
 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.