

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.

(1) PLACE OF BIRTH

County of Horry

Township of Windsor

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.)
(No. St.; Ward)

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

File No.—For State Registrar Only

2259343

Registration District No. 25.01... Registered No.
(For use of Local Registrar)

(2) Full Name of Child Joseph Edward

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

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 2 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME John

9) PRESENT POSTOFFICE OF FATHER Windsor

10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 32
(Years)

12) BIRTHPLACE Windsor

13) OCCUPATION Farmer

20) Number of children born to mother, including present birth 3

MOTHER.

14) NAME BEFORE MARRIAGE Mrs. J. W. W.

15) PRESENT POSTOFFICE OF MOTHER Windsor

16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 26
(Years)

18) BIRTHPLACE Windsor

19) OCCUPATION Housewife

21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11:00 A.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Windsor

Given name added from a supplemental report

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

C. Cannon 1922 Registrar

(27) Filed July 21 1922 (28) C. Cannon 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.

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