

MARGIN DESIGNATED FOR BINDING.
 WHITE PLAINLY, WITH UNFADING INK—PRINT IN A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THIS OFFICE, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Newberry
 Township of #12
 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

39521

Registration District No. 3.4.4. Registered No. 2.5.
 (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 Rachel Antoinette *✓* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 15 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Roney C. Shealy
 (9) PRESENT POSTOFFICE OF FATHER Chapin
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER
 (14) NAME BEFORE MARRIAGE Marie Koon
 (15) PRESENT POSTOFFICE OF MOTHER Chapin
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive nt. 7:30 A.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Joseph
 (24) State whether Physician or Midwife MD. (25) Address of Physician or Midwife Little Mountain

Given name added from a supplemental report

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(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec 7 1922 (28) G. H. Shealy 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.