

N. B.—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 8.

(1) PLACE OF BIRTH

County of Colleton
Township of Wadmalaw
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

385

Registration District No. 410... Registered No. 6...
(For use of Local Registrar)

(2) Full Name of Child

3) BOY OR GIRL?

(4) **Twin or Triplet?**

(5) Number in order of birth: 6

(6) Are Parents 4

(7) DATE OF

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

DATE OF BIRTH Jan 17 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

9) PRESENT
POSTOFFICE
OF FATHER

(1C) COLOR OR

RACE
12) BIRTHP

12) BIRTHPLACE

(11) AGE AT LAST BIRTHDAY..... 35

13) OCCUPATION

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

(14) NAME BEFORE MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(18) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... alive ...
on the date above stated. 29

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(28) WIREMAN

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

(27)

Mar. 5 - 1922 (23) Mattie Kinsey
Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this statement. 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.