

MARGIN RESERVED FOR BINDING.
WRITE CLEARLY, WITH UNFADING INK—THIS IS 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. THE OTHER, No. 2, etc., in question 3.

(1) PLACE OF BIRTH

County of
or
Township of
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
794

Registration District No. 13.02 Registered No. 3
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL Boy	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH Jan. 20, 1922 (Type of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME William Miley Kissick			(14) NAME BEFORE MARRIAGE Martha Isgett	
(9) PRESENT POSTOFFICE OF FATHER Palmetto SC			(15) PRESENT POSTOFFICE OF MOTHER Palmetto SC	
(10) COLOR OR RACE Caucasian	(11) AGE AT LAST BIRTHDAY 40 (Years)	(16) COLOR OR RACE Caucasian	(17) AGE AT LAST BIRTHDAY 38 (Years)	
(12) BIRTHPLACE Darlington County			(18) BIRTHPLACE Darlington County	
(13) OCCUPATION Farmer			(19) OCCUPATION Domestic	
(20) Number of children born to mother, including present birth 17			(21) Number of children of this mother now living, including present birth 17	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... alive ... at 5:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Glenn B. Carrison M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Palmetto, S.C.

Given name added from a supplemental report
.....
.....
.....
(26) Witness
(27) Filed Feb. 9, 1922 (28) J. A. Davis 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.

..... Registrar 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.