

WRITE PLAINLY, 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 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Truwood</u>		STATE OF SOUTH CAROLINA		18953	
Township of .....		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of <u>Grovy</u>		Registration District No. <u>22/2</u>		Registered No. <u>27</u>	
or				(For use of Local Registrar)	
City of .....		(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 <u>William Henry Irwin</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>June 7, 1922</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>William Henry Irwin</u>			(14) NAME BEFORE MARRIAGE <u>Sarah Lou. ? Harris</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Grovy</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Grovy SC</u>		
(10) COLOR OR RACE <u>Wks</u>			(16) COLOR OR RACE <u>Wks</u>		
(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)		
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House Wife</u>		
20) Number of children born to mother, including present birth <u>2</u>			21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>1:30 p.m.</u> on the date above stated. (Born alive or stillborn) (Hour . M. or P. M.)					
(23) (Signature) <u>Portey Irwin</u>					
(24) State whether Physician or Midwife <u>midwife</u>					
(25) Address of Physician or Midwife <u>Grovy SC</u>					
Given name added from a supplemental report			(26) Witness <u>J. B. S.</u> (Signature of Witness necessary only when question 23 is signed by mark)		
..... 19 .....			(27) Filed <u>June 30, 1922</u>		
Registrar			(28) <u>J. G. Solomon</u> 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.