

WRITE PLAINLY. WITH FADING 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
 County of Cherokee
 Township of Jefferson
 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
3692

Registration District No. 1204 Registered No. 5
 (For use of Local Registrar)

(2) Full Name of Child Boone If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL boy
 (4) Twin or Triplet? Yes
 (5) Number in order of birth
 To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes
 (7) DATE OF BIRTH Feb. 20, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam Boone
 (9) PRESENT POSTOFFICE OF FATHER Jefferson SC
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36
 (Years)
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Maryne Mills
 (15) PRESENT POSTOFFICE OF MOTHER Jefferson SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25
 (Years)
 (18) BIRTHPLACE SC
 (19) OCCUPATION Housework
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was born alive at 9:35 A.M. on the date above stated.
 (Do not give for stillborn) (Hour A. M. or P. M.)

(23) (Signature) Joseph Thomas
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife Jefferson SC

Given name added from a supplemental report

 _____, 19 _____
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
D. L. Blackburn
 (27) Filed _____ 19 _____ (28) _____ 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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