

FORM NO. 7.

MARGIN RESERVED FOR BINDING.

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.

of Columbia.

(1) PLACE OF BIRTH

County of *Edgely*Township of *Traller*Inc. Town of *See this Vol. No. 42229*City of *See this Vol. No. 42229*

(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

42232

Registration District No. *1815* Registered No.

(For use of Local Reg

(2) Full Name of Child

Joseph Olyk Corley, Jr. If child is not yet named, supplemental report as dire(3) BOY OR GIRL? *Boy*(4) Twin or Triplet? *1*

To be answered only in case of Twins or Triplets

(5) Number in order of birth *2*(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *11/14/22*

(Name of Month) (Day)

FATHER.

(8) FULL NAME

Joseph C Corley

(9) PRESENT POSTOFFICE OF FATHER

McComick Road(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *30*

(Years)

(12) BIRTHPLACE

Edgely, S.C.

(13) OCCUPATION

Farmer

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Margaret Callison

(15) PRESENT POSTOFFICE OF MOTHER

McComick Road(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *28*

(Years)

(18) BIRTHPLACE

Callisons 5 S.

(19) OCCUPATION

Housewife

(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* at *Edgely, S.C.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *M. A. M. S.*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Edgely, S.C.*

Given name added from a supplemental report

....., 191....

..... Registrar

(26) Witness

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

(27) Filed

.....191....

(28)

Local Reg

*When there was no attending physician or midwife, then the father, householder, etc., should make this return a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before 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.