

THIS IS A PERMANENT RECORD. 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 4.

(1) PLACE OF BIRTH

County of Lee

Township of Bishopville

City of Bishopville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. 10.—for State Registrar Only

36659

Registration District No. 3.5.9 Registered No. 2.2
(For use of Local Registrar)

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 15 1922
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>John Stone</u>	(10) NAME BEFORE MARRIAGE <u>Dora Bell Curry</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Bishopville S.C.</u>	(10) PRESENT POSTOFFICE OF MOTHER <u>Bishopville S.C.</u>
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>23</u>	(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>22</u>
(12) BIRTHPLACE <u>Washington D.C.</u>	(12) BIRTHPLACE <u>Lee Co</u>	(12) OCCUPATION <u>Day labor</u>	(12) OCCUPATION <u>Domestic</u>
(13) OCCUPATION <u>Day labor</u>	(13) OCCUPATION <u>Domestic</u>	(14) Number of children born to mother, including present birth <u>1</u>	(14) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was at 12 P.M. on the date above stated. (Born alive or stillborn? (Hour A. M. or P. M.)

(20) (Signature) Rena Green
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Bishopville

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec 10 1923 (28) 12.1.1.1 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.