

1. 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 6.

(1) PLACE OF BIRTH

County of Chester
 Township of
 or
 Inc. Town of
 or
 City of Chester

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

File No.—For State Registrar Only
3505

Registration District No. 11A Registered No. 13
 (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 Martina Victoria Banks If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL yes (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 1 1922
 (To be answered only in case of Twins or Triplets) (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Chas. M. Banks
 (9) PRESENT POSTOFFICE OF FATHER Chester, S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE Fairfield Co.
 (13) OCCUPATION mechanic

MOTHER.
 (14) NAME BEFORE MARRIAGE Nettie Black
 (15) PRESENT POSTOFFICE OF MOTHER Chester, S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE Saluda Co.
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 2 (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 alive at 4:30 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. ...
 (24) State whether Physician or Midwife mid (25) Address of Physician or Midwife Chester S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (27) FILED Feb 14 1922 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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