

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. R.—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
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

County of Marion
 Township of Chapman
 OF
 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.)

Registration District No. 33.00 Registered No. 37
 (For use of Local Registrar)

File No.—For State Registrar Only
23147

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? No (7) DATE OF BIRTH June 24, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Benny Deas
 (9) PRESENT POSTOFFICE OF FATHER 12 Fayetteville St.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 20
 (Year)
 (12) BIRTHPLACE Ill.
 (13) OCCUPATION House keep
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Yonnie Rodgers
 (15) PRESENT POSTOFFICE OF MOTHER 12 Fayetteville St.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19
 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House keep
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Alice Brown
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife

Given name added from a supplemental report

 19 ..
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed July 25, 1922 (28) A. L. Herndon 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.