

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR CHILDREN AS SEPARATE BEANS FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Elizabeth
 OR
 Inc. Town of
 OR
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

35904

Registration District No. 3504Registered No. 85
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St. Ward)

(2) Full Name of Child Wilhelmina Charley

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? yes (7) DATE OF BIRTH July 5, 1922
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME John Charley
 (9) PRESENT POSTOFFICE OF FATHER North, S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32 (Years)
 (12) BIRTHPLACE Orangeburg Co
 (13) OCCUPATION Farmer Laborer
 (20) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Maggie Jeffcoat
 (15) PRESENT POSTOFFICE OF MOTHER North, S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35 (Years)
 (18) BIRTHPLACE Orangeburg Co
 (19) OCCUPATION Farmer Laborer
 (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 H.A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elsie Furtick
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife North, S.C.

Given name added from a supplemental report

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

(27) Filed July 8, 1922 L.H. Koff
 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.