

MARGIN RESERVED FOR BINDING.

WHITE 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.

Medium of Columbia, Columbia, S. C.

Form No. 1

(1) PLACE OF BIRTH

County of Florence
Township of 4
or
Inc. Town of 1
or
City of 1
(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 Only
34321

Registration District No. 20 A Registered No. 309
(For use of Local Registrar)

(No. Fla Ins St. Ward)

(2) Full Name of Child Roy Kenneth 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 6/26/1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Roy H. Ciole
(9) PRESENT POSTOFFICE OF FATHER Fleming way SC
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 25
(Year) (12) BIRTHPLACE Georgetown Co
(13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Anna Belle Hamstra
(15) PRESENT POSTOFFICE OF MOTHER AD
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 25
(Year) (18) BIRTHPLACE Sweden
(19) OCCUPATION Dom

(20) Number of children born to mother, including present birth 1 (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 alive at 11 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

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

(27) Filed 11-1-22 (28) P. H. Prugham 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.