

MADE FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the  
 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.

(1) PLACE OF BIRTH

County of Lancaster  
 Township of Little Brand  
 or  
 Inc. Town of .....  
 or  
 City of .....  
 (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

35134

Registration District No. 2804 Registered No. 170  
 (For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) <del>Boy or</del> GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>Y</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>V</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 11</u> 19 <u>22</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Marshall Printt</u>			(14) NAME BEFORE MARRIAGE <u>Lattie Humber</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Lancaster</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lancaster</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>39</u> (Years)	
(12) BIRTHPLACE <u>Union Co N.C.</u>			(18) BIRTHPLACE <u>Lancaster Co S.C.</u>	
(13) OCCUPATION <u>Textile</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 8 A.M. 11 on the date above stated.  
 (Boy alive or stillborn) (Hour A.M.)

(23) (Signature) [Signature]  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lancaster 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 Sept 15 1922 (28) [Signature] 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.

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