

MARGIN RESERVE FOR BINDING
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and under the
PRINT-ROUN, No. 1. THE OFFICE, No. 2, etc. in question 6.
MEDICAL OFFICE, Columbia, S. C.

(1) PLACE OF BIRTH

County of York Co
Township of Highland
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

15337

Registration District No. 25-06 Registered No. 38
(For use of Local Registrar)

(2) Full Name of Child

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

3 BOY OR GIRL	4 Twin or Triplet?	5 Number in order of birth	6 Are Parents Married?	7 DATE OF BIRTH
	To be answered only in event of Twins or Triplets		<u>Ys</u>	<u>5/4/22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8 FULL NAME	<u>Wren Falk</u>		14 NAME BEFORE MARRIAGE	<u>Janet Fowler</u>
9 PRESENT POSTOFFICE OF FATHER	<u>Johns r.c.</u>		15 PRESENT POSTOFFICE OF MOTHER	<u>Johns r.c.</u>
10 COLOR OR RACE	11 AGE AT LAST BIRTHDAY	<u>White</u> <u>35</u> (Years)	16 COLOR OR RACE	17 AGE AT LAST BIRTHDAY
12 BIRTHPLACE	<u>York Co SC</u>		18 BIRTHPLACE	<u>York Co SC</u>
13 OCCUPATION	<u>painter</u>		19 OCCUPATION	<u>Housewife</u>
20 Number of children born to mother, including present birth	<u>5</u>		21 Number of children of this mother now living, including present birth	<u>3</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at G. A. M.
on the date above stated. (Born alive or stillborn) (Hour, day, or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed

May 17 1922

(28)

E. L. Ruffin
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.