

MARGIN RESERVED FOR BINDING.
 WRITE 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.

(1) PLACE OF BIRTH

County of Lancaster
 Township of Little Creek
 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
35133

Registration District No. 2804 Registered No. 169
 (For use of Local Registrar)

(2) Full Name of Child Augustus Throat
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 St.: Ward:
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL B (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 11 19 22
 To be answered only in event of Twins or Triplets (Name) (Month) (Day) (Year)

FATHER
 (8) FULL NAME William Throat
 (9) PRESENT POSTOFFICE OF FATHER Lancaster IL
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 42 (Years)
 (12) BIRTHPLACE Lancaster CO
 (13) OCCUPATION Chick

MOTHER
 (14) NAME BEFORE MARRIAGE May G. Caskey
 (15) PRESENT POSTOFFICE OF MOTHER Lancaster IL
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE Lancaster IL
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was St. 8 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) W. Throat
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Lancaster IL

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Sept 10 1922 (28) W. Throat 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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