

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.

Form 5-5

MEGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Greenwood.....
Township of Greenwood.....
or
Inc. Town of Greenwood.....
or
City of Greenwood.....
(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
4455

Registration District No. 34 Registered No. 34
(For use of Local Registrar)

(2) Full Name of Child Charley Clifford Norman

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 1-27-22 19...
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jno. Norman
(9) PRESENT POSTOFFICE OF FATHER Address Unknown deserted
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Year)
(12) BIRTHPLACE Bridgport, Ala.
(13) OCCUPATION Mill Operative
(20) Number of children born to mother, including present birth One (1)

MOTHER.

(14) NAME BEFORE MARRIAGE Ruby May Abney
(15) PRESENT POSTOFFICE OF MOTHER Greenwood, S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Year)
(18) BIRTHPLACE Monroe, Ga.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth One (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2:30 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Greenwood, S.C.

Given name added from a supplemental report

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

(27) Filed 3/1/22 19... (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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