

W. M.—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 Luxington Co.
Township of Platts Springs...
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

35423

Registration District No. #31/0.

Registered No. 30
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Luella Starkie (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin Twin (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 31, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME H. L. Starkie
(9) PRESENT POSTOFFICE OF FATHER Gaston S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 18

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Hook
(15) PRESENT POSTOFFICE OF MOTHER Gaston S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Julia Leagles (24) State whether Physician or Midwife (25) Address of Physician or Midwife Gaston S.C.
Midwife

Given name added from a supplemental report

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

(27) Filed Nov. 6, 1922 (28) Wm. J. T. Lellum 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.