

WHEN FILING, WITH EXPANDING INK—THIS IS A PERMANENT RECORD.
 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 1.

(1) PLACE OF BIRTH

County of Itom...
 Township of
 or
 Inc. Town of #3
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
24484

Registration District No. 2102 Registered No. 43
 (For use of Local Registrar)
 (No. Whites Bridge Road Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Julia Bailey

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

(3) SEX OR Male (4) Type X (5) Number in 1 (6) Age 0 yr
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas Bailey
 (9) PRESENT POSTOFFICE OF FATHER Pontiac Fla
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Year)
 (12) BIRTHPLACE Georgetown Co
 (13) OCCUPATION Teacher

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Ruth McConnell
 (15) PRESENT POSTOFFICE OF MOTHER Pontiac Fla
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Year)
 (18) BIRTHPLACE Georgetown Co
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth One (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:30 AM,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. E. Sparrow (24) State whether Physician or Midwife Physician
 (25) Address of Physician or Midwife Georgetown Co

Given name added from a supplement-
 al report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)
 (27) Signed Dr. H. E. Sparrow (28) Local Registrar John R. King

*When there was no attending physician or midwife, then the father, householder, etc., should make this report.
 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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Form 10-1-30, Columbia, S. C.