

MARGIN RESERVED FOR BINDING.  
WHITE PLAINLY, WITH UNFADING INK—FILL IN A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Charleston  
Township of .....  
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  
**18410**

Registration District No. 1703 Registered No. 77  
(For use of Local Registrar)

(No. .... St.; ..... Ward)  
If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child George S. P.

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 .....  
To be answered only in event of Twins or Triplets  
(6) Are Parents Married? Yes (7) DATE OF BIRTH May 2 1922  
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME George S. P.  
9) PRESENT POSTOFFICE OF FATHER George S. P.  
10) COLOR OR RACE Col'd (11) AGE AT LAST BIRTHDAY 21 (Years)  
12) BIRTHPLACE S. C.  
13) OCCUPATION Salvage  
14) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Miss S. P.  
15) PRESENT POSTOFFICE OF MOTHER George S. P.  
16) COLOR OR RACE Col'd (17) AGE AT LAST BIRTHDAY 19 (Years)  
18) BIRTHPLACE S. C.  
19) OCCUPATION Housewife  
20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Louise S. P.  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. George S. C.

Given name added from a supplemental report

(26) Witness R. C. S. P.  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filled March 1922 (28) Mrs. R. C. S. P. 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.